

FILED DEC 6 1954

## STANDARD CERTIFICATE OF DEATH

37151

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>116</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>18 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		d. STREET ADDRESS (If rural, give location) <u>0280</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Rest Home</u>				3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Jones</u> c. (Last) <u>Jones</u>			
4. DATE OF DEATH <u>Nov. 14, 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 6, 1878</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>76</u> 10. MONTHS <u>4</u> 11. DAYS <u>8</u> 12. IF UNDER 1 YEAR Hours <u>8</u> 13. IF UNDER 1 YEAR Min.	
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Thomas Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret McCarty</u>	
14. NAME OF HUSBAND OR WIFE <u>Hallie Bales Jones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Jones</u> ADDRESS <u>Albany, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>previous cerebral hemorrhage</u> <u>12 mo</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/12</u> <u>1953</u> to <u>11/16</u> <u>1954</u> , that I last saw the deceased alive on <u>11/10</u> <u>1954</u> , and that death occurred at <u>5:25A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Merriam Pearlman M.D.</u>		23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>11/23/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>			
24d. LOCATION (City, town, or county) (State) <u>Albany, Mo.</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>116-0</u> <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Burke</u> ADDRESS <u>Albany Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard E. Smith

Licensed Embalmer No. 3329

P. O. Address Albany Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.