

FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37876

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Falcon, GASCONADE</u>		c. CITY OR TOWN <u>Falcon</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Falcon - Mo.</u>		STREET ADDRESS (If rural, give location) <u>Falcon</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16 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>March 3, 1886</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Robert Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Francis Piercy</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Jones Falcon, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH. <u>8 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio-sclerotic Heart</u>		<u>3 yrs</u>	
DUE TO (c) <u>Hypertrophied Prostate</u>				<u>2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>HA</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon, MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12-1-52, 1952, to Nov 16, 1954, that I last saw the deceased on Nov 16, 1954, and that death occurred at 7:00a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Storer E. Fisher MD</u>		23b. ADDRESS <u>Jebanon, Mo</u>		23c. DATE SIGNED <u>11/18/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/19/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Holman Funeral Home Lebanon, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-19-1954</u>		REGISTRAR'S SIGNATURE <u>Hilla L. Day</u>			

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

530
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Received 11-27-54
Laclede County Health Unit
File No. 196
Date Filed 11-27-54

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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bersy M. How
Licensed Embalmer No. 4222

P. O. Address Lebanon, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.