

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38897

FILED DEC 13 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10281

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) St Louis		c. CITY OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute St Johns		e. STREET ADDRESS (If rural, give location) 7216 Pershing	

3. NAME OF DECEASED (Type or Print)	a. (First) Walton	b. (Middle) F	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Nov 9 54
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep 29, 1893	9. AGE (in years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industrial Engineer	10b. KIND OF BUSINESS OR INDUSTRY Amer Lithofold	11. BIRTHPLACE (City and State or Foreign Country) Marissa Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Logan Jones	13b. MOTHER'S MAIDEN NAME Maude Jones	14. NAME OF HUSBAND OR WIFE Virginia Jones		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO 342-05-9068	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Jones 7216 Pershing
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) Coronary Thrombosis		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:50 p. m., from the causes and on the date stated above.

23a. SIGNATURE Patricia F. Taylor	23b. ADDRESS 1200 Clark	23c. DATE SIGNED 11.13.54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-10-54	24c. NAME OF CEMETERY OR CREMATORY Sunset	24d. LOCATION (City, town, or county) (State) Du Quoin Ill
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DATE REC'D BY LOCAL REG. NOV 12 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington
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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 *J. W. Burkle*.....
Licensed Embalmer No. *365*.....
P. O. Address *St. La*.....

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.