

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40524

BIRTH NO.		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 167	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, Mo		c. LENGTH OF STAY (in this place) 14 yrs.		c. CITY OR TOWN Kennett		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dunklin Memorial Hospital				STREET ADDRESS (If rural, give location) 1012 North Baldwin			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1954				
5. SEX M	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 31 1904		9. AGE (In years last birthday) 50	10. IF UNDER 1 YEAR 8 Months	11. IF UNDER 24 HRS. 20 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Implement		11. BIRTHPLACE (City and State or Foreign Country) Lawrence, South Carolina		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alvis Jones		13b. MOTHER'S MAIDEN NAME Florence (Unknown)		14. NAME OF HUSBAND OR WIFE Ethel M. Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-20-7168		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel M. Jones Kennett, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrary Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 hours.	
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)		21f. HOW DID INJURY OCCUR?	
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?			
22. I hereby certify that I attended the deceased from Dec 20, 1954, to Dec 20, 1954, that I last saw the deceased alive on Dec 20, 1954, and that death occurred at 5:00 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Ernest O. Summers, M.D.</i>				23b. ADDRESS Kennett, Mo		23c. DATE SIGNED 12/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 26-1954	24c. NAME OF CEMETERY OR CREMATORY Clinton Cemetery		24d. LOCATION (City, town, or county) (State) Clinton South Carolina		
DATE REC'D BY LOCAL REG. 12-22-54		REGISTRAR'S SIGNATURE <i>Carl Newman</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Leola Service Kennett, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLEIN COUNTY HEALTH DEPARTMENT 12-23-57
COUNTY FILE NUMBER 1254

APR 2 1955

MAR 29 1955

JAN 24 1955

DEC 30 1957

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.....

Licensed Embalmer No.....

P. O. Address.....

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.