

FILED OCT 7-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44424

State File No.

Registrar's No.

BIRTH NO. <u>11</u>		REG. DIST. NO. <u>102</u>		PRIMARY REG. DIST. NO. <u>4174</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Monklin</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Monklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cardwell</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Cardwell</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0350</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jimmy</u> b. (Middle) <u>DOES</u> c. (Last) <u>DOES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10, 1954</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Nov 19, 1875</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>0</u>		11. DAYS <u>21</u>		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Agri</u>		11. BIRTHPLACE (City and State or Foreign Country)	
13a. FATHER'S NAME <u>William R. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Rachiel</u>		14. NAME OF HUSBAND OR WIFE <u>Nelson Lizzie Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of liver & lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177x</u>					INTERVAL BETWEEN ONSET AND DEATH <u>644</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>12-10</u> , 19 <u>54</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. W. Englehardt M.D.</u>				23b. ADDRESS <u>Cardwell MO</u>		23c. DATE SIGNED <u>12-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell</u>		24d. LOCATION (City, town, or county) (State) <u>Cardwell, MO</u>	
DATE REC'D BY LOCAL REG. <u>12-11-54</u>		REGISTRAR'S SIGNATURE <u>Hubert B. Baird 472</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hausner - Cardwell, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-27

COUNTY FILE NUMBER 8555

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 *Hubert B. Boyd*

Licensed Embalmer No. *4288*

P. O. Address *Carrollton*

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.