

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lewistown, Highland township</u>		c. CITY OR TOWN <u>LEWISTOWN</u>	
c. LENGTH OF STAY (in this place) <u>69 yr</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>05/60</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		f. STREET ADDRESS (If rural, give location) <u>Rural 2 miles N.W. of Ewing, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>April 23, 1885</u>		9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		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 <u>General</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Fountain Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Rosline Dunbar</u>		14. NAME OF HUSBAND OR WIFE _____	
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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>492-28-2278</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. Jones</u>	
				ADDRESS <u>502 W. Bland Vandalia Mo</u>	

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) <u>Coronary Thrombotic Emboli</u>		ANTECEDENT CAUSES		<u>8 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Coronary Thrombosis</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"/>	
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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) <u>Ewing MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 Aug, 1952, to 10 Jan, 1955, that I last saw the deceased alive on 10 Jan, 1955, and that death occurred at DOA m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Will</u> (Degree or title) <u>DO2</u>		23b. ADDRESS <u>Lewistown MO</u>		23c. DATE SIGNED <u>24 JAN 55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Jan. 23, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	
				24d. LOCATION (City, town, or county) (State) <u>Ewing MO</u>	

DATE REC'D BY LOCAL REG. <u>1-27-55</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Ball Ewing, Mo.</u>	
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Thomas Ball*

Licensed Embalmer No. *174*.....

P. O. Address *Ewing*.....

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.