No. 300
10-48

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4107

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5161 Registrar's No. 8

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1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Bloomfield
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN: New Bloomfield
d. Is Residence within limits of city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0140 0

3. NAME OF DECEASED (Type or Print)
a. (First): Tomie
b. (Middle):
c. (Last): Jones

4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 55

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 0
8. DATE OF BIRTH: Sept-2 1901
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 3 Days 3 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Odd Jobs
11. BIRTHPLACE (City and State or Foreign Country): Callaway County Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Jones
13b. MOTHER'S MAIDEN NAME: Ida Jordon
14. NAME OF HUSBAND OR WIFE: ___

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 499-32-2944
17. INFORMANT'S SIGNATURE OR NAME: A. J. Jones — **ADDRESS**: Jefferson City 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): Drowning — INTERVAL BETWEEN ONSET AND DEATH: Acute

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: E929.0 22

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 ☒ NO ☐

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) New Bloomfield (COUNTY) Callaway (STATE) Missouri
21d. TIME OF INJURY (Month) 2 (Day) -5 (Year) -55 (Hour) (?) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Slipped & fell in cistern

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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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Andrew S. Lewis (Degree or title) M.D. Coroner
23b. ADDRESS: Fulton, Mo.
23c. DATE SIGNED: 3-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-8/55
24c. NAME OF CEMETERY OR CREMATORY: New Bloomfield
24d. LOCATION (City, town, or county): New Bloomfield (State) MO

DATE REC'D BY LOCAL REG.: 3/11/55
REGISTRAR'S SIGNATURE: LeRoy Claypool 30 D
25. FUNERAL DIRECTOR'S SIGNATURE: Holt-Claypool — **ADDRESS**: New Bloomfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...LeRoy Claypool.....

Licensed Embalmer No..44

P. O. Address New Bler

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.