

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4439

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 2

360
1

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gerald, RFD L. Lyon		c. LENGTH OF STAY (In this place) Lyon township		c. CITY OR TOWN Gerald, rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓		e. STREET ADDRESS (If rural, give location) Lyon township		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) EDWARD			c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) Feb., 26, 1955		
--	--	--	---------------------------	--	--	------------------------	--	--	--	--	--

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 19, 1872		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 3 Days 7		IF UNDER 24 HRS. Hours 0 Min. 0	
-----------------------	--	----------------------------------	--	--	--	--	--	--	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming retired			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (City and State or Foreign Country) Cuba, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
---	--	--	--	--	--	---	--	--	---	--	--

13a. FATHER'S NAME James Jones			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Lydia Jones		
--	--	--	---	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Jones, Gerald, Missouri			
---	--	----------------------------------	--	---	--	--	--

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) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 1 week	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerosis							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						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)	
--	--	--	--	---	--

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 **1**, 19**50**, to **2-26**, 19**55**, that I last saw the deceased alive on **2-22, 1953**, and that death occurred at **2:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. A. Rhoads, M.D.		23b. ADDRESS Gerald, Mo		23c. DATE SIGNED 2-28-55	
--	--	-----------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 28, 1955		24c. NAME OF CEMETERY OR CREMATORY Andaconda Cemetery		24d. LOCATION (City, town, or county) (State) Andaconda, Missouri	
--	--	-----------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG Feb. 28-1955		REGISTRAR'S SIGNATURE John Charles Finley		503		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Casey + Kenney, St. Clair, Missouri	
--	--	---	--	-----	--	--	--

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..... *Ernest L. Ottomano*

Licensed Embalmer No..... 4054

P. O. Address..... Gerald, Miss

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.