No. 300
10-48

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21814

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 620

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield,
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wright
c. CITY OR TOWN: Grove Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1140

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

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 9, 1886

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: In Home

11. BIRTHPLACE (City and State or Foreign Country): Wright County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Claxton

13b. MOTHER'S MAIDEN NAME: Dalt Hamilton

14. NAME OF HUSBAND OR WIFE: Doc Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME: Mr. Vincent Jones
ADDRESS: Springfield, 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) POST. OP. DEATH = VENTRAL HERNIA. — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) INTESTINAL OBSTRUCTION IN
DUE TO (c) OLD VENTRAL HERNIA, — 5613

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. REDUCED + REPAIRED 12 JULY 55

19a. DATE OF OPERATION: 7-12-55

19b. MAJOR FINDINGS OF OPERATION: INTESTINAL OBSTRUCTION, LARGE HERNIAL DEFECT

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12, 1955, *to* 7-15, 1955, *that I last saw the deceased alive on* 7-14, 1955, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. N. Allen M.D.

23b. ADDRESS: 1211 S. Glenstone, Springfield Mo.

23c. DATE SIGNED: 7-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 15, 1955

24c. NAME OF CEMETERY OR CREMATORY: —

24d. LOCATION (City, town, or county) (State): Hartville, Missouri

DATE REC'D BY LOCAL REG.: 7-15-55

REGISTRAR'S SIGNATURE: Bertha Williamson

25. FUNERAL DIRECTOR'S SIGNATURE: Norman Schaff

ADDRESS: Home Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lewis G Scharpf

Licensed Embalmer No. 380

P. O. Address Springfi

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