

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **25926**

No. 300  
10. 48

**FILED SEP 6 1955**

1730

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

BIRTH NO. _____		REG. DIST. NO. <b>138</b>		PRIMARY REG. DIST. NO. <b>0523</b>		Registrar's No. <b>17</b>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Hickory</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Green Twp.</b>		c. CITY OR TOWN <b>Goodson</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Died in the home</b>				e. STREET ADDRESS (If rural, give location) <b>Rural N. Benton</b>			
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <b>Jasper</b>		b. (Middle) <b>Newton</b>		c. (Last) <b>Jones</b>	
4. DATE OF DEATH		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 25, 1886</b>		9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Ret.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Benton Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Nelson</b>		14. NAME OF HUSBAND OR WIFE <b>Dossia Jones</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Dossia Jones, Goodson, Mo.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probably Lung Cancer</b>				<b>years</b>	
		* 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 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"/>	
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 <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 _____, 19____, and that death occurred at <b>1:40A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Mc. Johnson, Local Registrar</b>				23b. ADDRESS <b>Hermitage, Missouri</b>		23c. DATE SIGNED <b>8-30-55</b>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>Aug. 31-55</b>		24c. NAME OF CEMETERY (OR CREMATORY) <b>Lindley Creek</b>		24d. LOCATION (City, town, or county) (State) <b>Polk, Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-30-1955</b>		REGISTRAR'S SIGNATURE <b>Mc. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Felt's Funeral Home - Bolivar, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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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 *Sidney J. Pitts*

Licensed Embalmer No. *493*

P. O. Address *Bolivar*

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.