

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31991

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6161 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>Rural - Flat Creek</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Cape Fair Mo.</u>	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		f. STREET ADDRESS (If rural, give location) <u>1040</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Earnest</u>	b. (Middle)	c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-16-1968</u>
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5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct-12-1914</u>	9. AGE (In years) (last birthday) <u>40-11-4</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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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	11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Marion Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Hettie Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Elming Jones</u>
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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>553-20-9933</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hettie Jones - Cape Fair Mo</u>	ADDRESS
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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) _____	DUE TO (b) _____		<u>9m</u>
ANTECEDENT CAUSES	DUE TO (c) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<u>4201</u>		
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 11:15pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. ... M.D.</u>	23b. ADDRESS <u>Salina Mo</u>	23c. DATE SIGNED <u>10/15/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>Sept 18</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cape Fair</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Fair Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 18-58</u>	REGISTRAR'S SIGNATURE <u>W. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u>	ADDRESS <u>Salina Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 21 1956

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 *Everett J. Cheatham*

Licensed Embalmer No. *381*

P. O. Address *Halena*

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.