

FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32655**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5331** Registrar's No. **55-89**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ceder Twp	c. LENGTH OF STAY (in this place) yrs	c. CITY OR TOWN Rural Ceder Twp	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 9mi N.W. Lockwood Mo.		STREET ADDRESS (If rural, give location) 9mi N w Lockwood Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) Perry	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Nov 1 1955		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 26 1874	9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Months 5 Days 5	IF UNDER 24 HRS. Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Dade Co Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. Perry Jones	13b. MOTHER'S MAIDEN NAME Margaret Ann Jones	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Percy Jones Lockwood Mo rtl	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sensitivity		
	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"/>
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **After Death**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.R. Allison Coroner Greenfield Mo	23b. ADDRESS	23c. DATE SIGNED 11-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 3, 1955	24c. NAME OF CEMETERY OR CREMATOR Pippinger	24d. LOCATION (City, town, or county) (State) Dade Co Mo.
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DATE REC'D BY LOCAL REG. 11-5-55	REGISTRAR'S SIGNATURE J. C. Canada 478	25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison Greenfield Mo.	ADDRESS
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W.R. Allison*.....

Licensed Embalmer No. *44*.....

P. O. Address *Greenville*.....

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.