

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 360			
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls					
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (In this place) 11/19/55		c. CITY OR TOWN New London		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital				e. STREET ADDRESS (If rural, give location) 0870					
3. NAME OF DECEASED (Type or Print) Walter Jones			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH November 22, 1955		Month		Day		Year			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH January 28, 1894			
9. AGE (In years last birthday) 58		If UNDER 1 YEAR Months 9 Days 24		If UNDER 1 YEAR Months 9 Days 24		If UNDER 1 YEAR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) New London Missouri			
12. CITIZEN OF WHAT COUNTRY? U S A			13a. FATHER'S NAME John Dee Jones		13b. MOTHER'S MAIDEN NAME Patience		14. NAME OF HUSBAND OR WIFE None		
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 Walter Jones New London Missouri			ADDRESS	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
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.				H341					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 11-19 , 1955, to 11-22 , 1955, that I last saw the deceased alive on 11-22 , 1955, and that death occurred at 4:05 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE Walter Jones				(Degree or title)		23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 11-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/24/1955		24c. NAME OF CEMETERY OR CREMATORY Barkley		24d. LOCATION (City, town, or county) (State) New London Missouri			
DATE REC'D BY LOCAL REG. 11-26-55		REGISTRAR'S SIGNATURE Dr. Em. Lucke By W. C. Fisher			25. FUNERAL DIRECTOR'S SIGNATURE W. C. Fisher		ADDRESS Hannibal Missouri		

RECEIVED NOV 29 1955
MARION CO. HEALTH DEPT.
DATE FILED NOV 29 1955

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 *H. Crawford Smith*.....

Licensed Embalmer No...3814

P. O. Address Hannibal, 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.