

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39373**

BIRTH NO. _____ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **4473** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Blackburn)	c. LENGTH OF STAY (in this place township) 41 yrs	c. CITY OR TOWN Blackburn	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 At home		e. STREET ADDRESS (If rural, give location) Blackburn, Missouri	

3. NAME OF DECEASED (Type or Print)
a. (First) **James** b. (Middle) **Henry** c. (Last) **Jones**

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 16, 1955**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **March 4, 1887** 9. AGE (In years last birthday) **68** IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Railroad Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Section C.A.** 11. BIRTHPLACE (City and State or Foreign Country) **Salt Springs, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James Jones** 13b. MOTHER'S MAIDEN NAME **Lizzie Kinney** 14. NAME OF HUSBAND OR WIFE **Mrs. Emma Jones, wife**

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. **709-12-1327** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Emma Jones, Blackburn, Missouri**

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gastric hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 48 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of stomach		6/1953 11/15/55
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. gastric ulcer		7/1940

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 **July 18 40** to **11/15 55**, that I last saw the deceased alive on **11/15 55**, and that death occurred at **4:00P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Geo A. Kelling MD** 23b. ADDRESS **Waverly Mo** 23c. DATE SIGNED **11-17-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11/10/55** 24c. NAME OF CEMETERY OR CREMATORIAL - **Methodist Church** 24d. LOCATION (City, town, or county) (State) **Saline County, Missouri**

DATE REC'D BY LOCAL REG. **Nov. 23, 1955** REGISTRAR'S SIGNATURE **Mary Mosley 509** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **George H. Egan, Newhall**

(Licensed Embalmer's Statement on Reverse Side)

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

0970
1-20

DEC 23 1955

JAN 9 1956

STATEMENT BY LICENSED EMBALMER

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

by me, or by _____, Student Embalmer No. 472

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *George H. Green*

Licensed Embalmer No. 472

P. O. Address *Marshall*

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.