

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

FILED JAN 5 - 1956

State File No. **41426**

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **39**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY New Madrid	b. CITY OR TOWN New Madrid	a. STATE Missouri	b. COUNTY New Madrid
c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN New Madrid	d. Is Residence within limits of a city or incorporated town? No
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) H. J.	b. (Middle)	c. (Last) Jones	(Month) Dec.	(Day) 21.	(Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 2, 1872		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor		10b. KIND OF BUSINESS OR INDUSTRY Timber	11. BIRTHPLACE (City and State or Foreign Country) New Madrid Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unk	13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE Ada Jones
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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) None	16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME Kayd Jones, New Madrid, Mo.	ADDRESS 447X
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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) Bilateral Bronchopneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - Arteriosclerosis DUE TO (c) Colitis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		447X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 1, 1943, to Dec 21, 1955, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. B. Chandler M.D.	23b. ADDRESS New Madrid Mo	23c. DATE SIGNED 12/30/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Sugartree Cemetery	24d. LOCATION (City, town, or county) (State) Near New Madrid, Mo.
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DATE REC'D BY LOCAL REG. 12/30/55	REGISTRAR'S SIGNATURE Ladney S. Roberts	512	25. FUNERAL DIRECTOR'S SIGNATURE Rep. Richards Undert Co. New Madrid, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

DATE RECEIVED JAN 3 1955
NEW MADRID CO. HEALTH CENTER
P. J. S.

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 James H. Roberts
Licensed Embalmer No. 488
P. O. Address New Madrid,

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.