

FILED JAN 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41435

State File No.

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4361 Registrar's No.

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canalou	c. LENGTH OF STAY (in this place) 12 yrs.	c. CITY OR TOWN Canalou	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 07200
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Del.		STREET ADDRESS (If rural, give location) Gen. Del.	

3. NAME OF DECEASED (Type or Print) a. (First) Bill b. (Middle) (Will) c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1955		
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 14, 1886	9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
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) Lyons, Miss.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Jones	13b. MOTHER'S MAIDEN NAME Tilda (Unknown)	14. NAME OF HUSBAND OR WIFE Rosie Jones
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. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosie Jones, Canalou, Mo. 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. myocorctic		
	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.		4222	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 12-20, 1955, to 12-21, 1955, that I last saw the deceased alive on 12-20, 1955, and that death occurred at 6:45 P m., from the causes and on the date stated above.

23a. SIGNATURE H. M. Jones (Degree or title) M.D.	23b. ADDRESS Northaven Mo.	23c. DATE SIGNED 12-24-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 27, 1955	24c. NAME OF CEMETERY OR CREMATORY Sunset Addition Cemetery
DATE REC'D BY LOCAL REG. 1-556		24d. LOCATION (City, town, or county) (State) Sikeston, Missouri
REGISTRAR'S SIGNATURE Walter H. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE F. D. Sparks ADDRESS Sikeston, Mo.

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

07200

1931
JAN 5

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 *Frank Sparks*

Licensed Embalmer No. *340*

P. O. Address *Chapel Hill*

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.