

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Jefferson		
b. CITY OR TOWN De Soto		c. LENGTH OF STAY (In this place) 6 Yrs.	c. CITY OR TOWN De Soto		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 100 No. Second St.			No. STREET ADDRESS (If rural, give location) 100 No. Second St.		
3. NAME OF DECEASED (Type or Print) Arthur Thornton Jones			4. DATE OF DEATH Jan. 23, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days 0 0
IF UNDER 24 HRS. Hours Min. 0 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Madison County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Jones	13b. MOTHER'S MAIDEN NAME Evelyn Diamond	14. NAME OF HUSBAND OR WIFE Lillian Irwin 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. 486-16-7231	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. T. Jones DeSoto, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Gen. arterio-sclerosis				INTERVAL BETWEEN ONSET AND DEATH 3 hours years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION No.	19b. MAJOR FINDINGS OF OPERATION 4201		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 NIV , 1950, to Jan 23, 1956 , that I last saw the deceased alive on Jan 23, 1956 , and that death occurred at 12:15 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Noel V. Wynnister MD			23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED Jan 25, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/26/56	24c. NAME OF CEMETERY OR CREMATORY Rose Lawn	24d. LOCATION (City, town, or county) (State) Crystal City, Mo.		
DATE REC'D BY LOCAL REG. 1-26-56	REGISTRAR'S SIGNATURE Marie Harris	25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead	ADDRESS DeSoto, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

FILED JAN 31 1956

0.300
0.48

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 28 1956

JAN 31 1956

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 *Andrew H. England*

Licensed Embalmer No. *479*

P. O. Address *De Soto*

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.