No. 300
10.48

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8233

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff, Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lucy Lee Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 221 Spruce St.

0124

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) D. c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) March 17, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 18, 1909
9. AGE (In years last birthday) 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Cad d o County, Okla.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Walter Ray Jones
13b. MOTHER'S MAIDEN NAME Katherine Back
14. NAME OF HUSBAND OR WIFE Connie Conover Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 381-09-5838
17. INFORMANT'S SIGNATURE OR NAME Connie Jones ADDRESS Poplar Bluff, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma, stomach with metastases. — INTERVAL BETWEEN ONSET AND DEATH 7 Mo.

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. 1.51X

19a. DATE OF OPERATION 3-9-56 3-11-56
19b. MAJOR FINDINGS OF OPERATION Laparotomy: Adenocarcinoma stomach with diffuse carcinomatasis. Suprapubic cystostomy.
20. AUTOPSY? YES [ ] NO [X]

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) m.
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* 1-9- *, 19* 56 *to* 3-17 *, 19* 56 *, that I last saw the deceased alive on* 3-17 *, 19* 56 *, and that death occurred at* 4:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE Albert L May Jr. (Degree or title) M.D.
23b. ADDRESS 330 North Second Poplar Bluff, Mo.
23c. DATE SIGNED 3-22-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-19-56
24c. NAME OF CEMETERY OR CREMATORY City Cem.
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. 3/23/56
REGISTRAR'S SIGNATURE R H Mendrell By
25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell ADDRESS Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

89-0

RECEIVED
MAR 26 1956
BUTLER CO. HEALTH CENTER
FILE No._____

APR 3 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Grover W. Greer

Licensed Embalmer No. 296

P. O. Address Poplar Bluf

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.