

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 12 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Morcer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Princeton</b>		c. CITY OR TOWN <b>Lineville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>25 days</b>		e. STREET ADDRESS (If rural, give location) <b>Grand River Twp. 6148</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Axtell Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Benjamin</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Jones</b>			4. DATE OF DEATH <b>March 22, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 22, 1869</b>	9. AGE (In years last birthday) <b>86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>	
13a. FATHER'S NAME <b>Samuel Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Lucretia Kentch</b>	
13c. NAME OF HUSBAND/OR WIFE <b>Myrtle Jones</b>			14. NAME OF HUSBAND/OR WIFE <b>Myrtle Jones</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cedel Jones</b> ADDRESS <b>Lineville Iowa</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of lungs</b>		ANTECEDENT CAUSES		<b>2 mo.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Cancer of prostate</b>		<b>4 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		-	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>177x</b>		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) m.		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 2-23, 1956, to 3-22, 1956, that I last saw the deceased alive on 3-22, 1956, and that death occurred at 7:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Douglas L. Peare, D.O.</b>		23b. ADDRESS <b>Princeton Missouri</b>		23c. DATE SIGNED <b>4-5-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 25, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Lineville Iowa</b>		24e. NAME OF CEMETERY OR CREMATORY <b>Lineville Iowa</b>		24f. LOCATION (City, town, or county) (State) <b>Lineville Iowa</b>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>4-7-56</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James Shumler</b> ADDRESS <b>Lineville Iowa</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James L. Greenlee* .....

Licensed Embalmer No. *39*

P. O. Address *Lincolnton*

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