

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12858

State File No.

FILED APR 30 1956

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>	c. LENGTH OF STAY (In this place) <u>29 Hours</u>	c. CITY OR TOWN <u>SULLIVAN</u>	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 <u>ST. FRANCIS HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>23410</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Dec. 19 1909</u>		9. AGE (In years last birthday) <u>46</u> if UNDER 1 YEAR Months <u>4</u> Days <u>3</u> if UNDER 4 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cap Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PERMANENT COP CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>MILTON JONES</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth POWERS</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-22-1458</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS CATHERINE REITZ Bourbon Mo</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2 complete heart block</u>		24 hrs
	DUE TO (c) <u>Coronary sclerosis</u>		2 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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 Dec, 1954, to April 22 1956, that I last saw the deceased alive on April 19 1956, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. DeLore</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Sullivan, Mo</u>	23c. DATE SIGNED <u>4/23/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-24-56</u>	24c. NAME OF CEMETERY <u>Sacred Heart</u>
	24d. LOCATION (City, town, or county) (State) <u>Leasburg Mo</u>	

DATE REC'D BY LOCAL REG. <u>4/24/56</u>	REGISTRAR'S SIGNATURE <u>J.P. Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. Boushong Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1957

MAY 1 1958

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 *Harmon D. Loewer*

Licensed Embalmer No. 4672

P. O. Address *Union, N.J.*

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.

87/4672