No. 300
10.48

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14078

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montgomery City Mo
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Montgomery
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) none

0700

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

4. DATE OF DEATH (Month) (Day) (Year) 4-28-56

5. SEX Male
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 13-10-1896
9. AGE (In years last birthday) 60 | 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Montgomery County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Henry Jones
13b. MOTHER'S MAIDEN NAME Effie Hunter
14. NAME OF HUSBAND OR WIFE "Deceased"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1918 to 1919
16. SOCIAL SECURITY NO. 494-22-3797
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Jones Kinloch 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) Myocardial - Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 WK

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis chronic with decompensation - — 3 YEARS
DUE TO (c)

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 4222
20. AUTOPSY? YES [ ] NO [ ]

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* April, 1953, *to* 4-28, 1956, *that I last saw the deceased alive on* 4-24, 1956, *and that death occurred at* 2:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A H Van Ausdale D.O.
23b. ADDRESS Montgomery City Mo
23c. DATE SIGNED 5-1-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-2-56
24c. NAME OF CEMETERY OR CREMATORY Montgomery City
24d. LOCATION (City, town, or county) (State) Montgomery City Mo

DATE REC'D BY LOCAL REG. 5/3/1956
REGISTRAR'S SIGNATURE Laura B Callaway
25. FUNERAL DIRECTOR'S SIGNATURE C W Hopkins ADDRESS MONTGOMERY CITY MO

(Licensed Embalmer's Statement on Reverse Side)

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

500
0

MAY 8 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~~ XX on the 28 th of April 1956, Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery

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.