

FILED APR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15229

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6111		Registrar's No. 66	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) Commerce		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Commerce		d. In 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 Residence				e. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) a. (First) Willie		b. (Middle) Lee		c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) April 6 1956	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 20, 1926	
9. AGE (In years last birthday) 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		11. BIRTHPLACE (City and State or Foreign Country) Shuglar, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Common Labor		11. BIRTHPLACE (City and State or Foreign Country) Shuglar, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Harry Jones		13b. MOTHER'S MAIDEN NAME Lurena Hardin		14. NAME OF HUSBAND OR WIFE Willie Mae 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. 0		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Jones Bell City, Mo. R1			
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) Stabbed in back with butcher Knife 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.				INTERVAL BETWEEN ONSET AND DEATH ± 5 Min.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 982x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) R.F.D. Benton Scott Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 6, 1956 10:45 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Stabbed by Step-daughter			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thelma C. Buchthorpe, M.D. Health Officer				23b. ADDRESS Benton Mo		23c. DATE SIGNED 4-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-11-56		24c. NAME OF CEMETERY OR CREMATORY Carpenter		24d. LOCATION (City, town, or county) (State) N.W. Sikeston, Mo	
DATE REC'D BY LOCAL REG. 4-14-56		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred J. Smith 1212 Maud St.			

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

DATE RECEIVED APR 16 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 456-93

APR 25 1956

APR 27 1956

APR 25 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 Fred G. Smith
Licensed Embalmer No. 1446

P. O. Address Elk River

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.