

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15392**

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6272		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, with RURAL and give township) Rural--Allen, 1st		c. LENGTH OF STAY (In this place) 60		c. CITY OR TOWN Denver, MO		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) I Mi East Of Denver, MO			
3. NAME OF DECEASED (Type or Print)		a. (First) Jefferson		b. (Middle) Davis		c. (Last) Jones	
4. DATE OF DEATH		(Month) April		(Day) 5		(Year) 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 1, 1861	9. AGE (In years last birthday) 94	10. UNDER 1 YEAR Months _____	11. UNDER 1 YEAR Days _____	12. UNDER 1 YEAR Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Denver, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bartley Jones		13b. MOTHER'S MAIDEN NAME Francis Hagar		14. NAME OF HUSBAND OR WIFE Amanda Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Casper Jones		ADDRESS Denver, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 days			
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.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒		490X	
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) (Min.) _____		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 1 , 19 56 , to April 5 , 19 56 , that I last saw the deceased alive on April 5 , 19 56 , and that death occurred at 8 P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles N. Williamson D.O.				23b. ADDRESS Genney MO		23c. DATE SIGNED April 6-1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April, 7-1956		24c. NAME OF CEMETERY OR CREMATORY Miller Cemetery		24d. LOCATION (City, town, or county) (State) Denver MO	
DATE REC'D BY LOCAL REG. 4-24-56		REGISTRAR'S SIGNATURE Leta Es. Dawson		25. FUNERAL DIRECTOR'S SIGNATURE Kenneth Brann		ADDRESS Denver, MO	

(Licensed Embalmer's Statement on Reverse Side)

VS MAR 30 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by John Andrew, Student Embalmer No....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....John Andrew

Licensed Embalmer No...4

P. O. Address Grant

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.