

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1956

State File No. **17039**  
Registrar's No. **124**

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

BIRTH NO. _____		REG. DIST. NO. <b>200</b>		PRIMARY REG. DIST. NO. <b>5725</b>		State File No. <b>17039</b>		Registrar's No. <b>124</b>					
1. PLACE OF DEATH a. COUNTY <b>MACON</b> <sup>0610</sup>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>									
b. CITY OR TOWN <b>RURAL, HUDSON</b> <sup>0</sup>		c. LENGTH OF STAY (In this place) <b>2 weeks</b>		c. CITY OR TOWN <b>Holden</b> <sup>0420</sup>		d. STREET ADDRESS (If rural, give location) _____							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STILL-HILDYETH SAN</b>				3. NAME OF DECEASED a. (First) <b>SAMUEL</b>		b. (Middle) <b>J.</b>		c. (Last) <b>JONES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 29, 1956</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>12-31-1869</b>		9. AGE (In years last birthday) <b>86</b>		if UNDER 1 YEAR: Months _____ Days _____ if UNDER 100 Hrs. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Engineer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>KC Terminal</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Henry Co Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>UNKNOWN</b>				13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Evelyn Jones</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dr. Robert Jones</b> ADDRESS <b>Holden Mo</b>							
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute circulatory failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Spontaneous rupture of old myocardial infarction (1944)</b> DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerotic glomerulonephrosis.</b>								INTERVAL BETWEEN ONSET AND DEATH <b>3-5 min.</b>  <b>5 min.</b>  <b>17 years</b>  <b>12 years</b>	
19a. DATE OF OPERATION <b>none</b>				19b. MAJOR FINDINGS OF OPERATION <b>no</b>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>none</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>none</b>			
22. I hereby certify that I attended the deceased from <b>3/6</b> , 1956, to <b>4/29</b> , 1956, that I last saw the deceased alive on <b>4/28</b> , 1956, and that death occurred at <b>6:10 A.M.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>Nancy S. Still</b> (Deputy or title)				23b. ADDRESS <b>D.O. Macon, Mo</b>				23c. DATE SIGNED <b>4/29/56</b>					
24a. BURIAL CREMATION/REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-29-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>							
DATE REC'D BY LOCAL REG. <b>5/21/56</b>		REGISTRAR'S SIGNATURE <b>Ruth M. Neely</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>R. G. Gales</b> ADDRESS <b>Brann Macon, Mo</b>							

185  
0

956: 6 P 100  
OCT 29 1956

REC'D J & ADK

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 6-56-87  
Date Filed 6-6-56

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 \_\_\_\_\_  
Student Embalmer

Signed R. J. [Signature]

Licensed Embalmer No. 4472

P. O. Address Macon, Mo

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 this body is not embalmed, fact should be so stated above.