

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19747**  
Registrar's No. **324**

FILED JUN 21 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>POPLAR BLUFF</b> )		c. CITY OR TOWN <b>Bloomfield</b>	d. Is Residence within limits of unincorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>Route # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lucy Lee Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>ERNEST</b>	c. (Last) <b>JONES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 16, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 25, 1879</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>crop farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kelso, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John R. Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Edna R. Jones</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lester E. Jones</b>	ADDRESS <b>1121 Jennings Rd. St. Louis, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1. Hypostatic pneumonia</b>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

2. Cerebral hemorrhage  
DUE TO (b) **Automobile accident**  
DUE TO (c)

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Bloomfield Stoddard Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 3, 1956 3:20</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hit by automobile</b>
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22. I hereby certify that I attended the deceased from **5-7-56**, 19**56**, to **5-16-56**, 19**56**, that I last saw the deceased alive on **5-16-56**, 19**56**, and that death occurred at **5:15 pm.** from the causes and on the date stated above.

23a. SIGNATURE <b>W. McPheeters, Sr.</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>330 North Second Poplar Bluff, Missouri</b>	23c. DATE SIGNED <b>5-22-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 19-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>North Antioch cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6/6/56</b>	REGISTRAR'S SIGNATURE <b>W. McPheeters, Sr.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CHILES UND. CO.</b>	ADDRESS <b>BLOOMFIELD, MO.</b>
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(Licensed Embalmer's State Exam on Reverse Side)

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

89-0

RECEIVED  
JUN 11 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

JUL 10 1956

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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 Lulu Cooper # 3499....., Student Embalmer No. ...., working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lulu Cooper.....

Licensed Embalmer No. 4119

P. O. Address Bloomfield

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.