

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22868

State File No. ....

FILED JUL 30 1956

42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 796

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Joseph</b> )		c. LENGTH OF STAY (in this place) <b>43 Yrs.</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is 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 <b>St. Joseph's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1822 Angelique Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ulysses</b>			b. (Middle) <b>Simpson</b>		c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 22, 1956</b>
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 31, 1866</b>	
9. AGE (In years last birthday) <b>89</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic (Ret.)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pvt. Homes</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kidville, Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Green Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Ann Bentley</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Ann Jones</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Florence L. Hern. St. Joseph, Mo</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Accident</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
		* 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>331x</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>7-22, 1956</b> , to <b>7-22, 1956</b> , that I last saw the deceased alive on <b>7-22, 1956</b> , and that death occurred at <b>8:20 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Clarence C. [Signature]</b>				23b. ADDRESS <b>St. Joseph, Mo</b>		23c. DATE SIGNED <b>7-27-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 25, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>July 27, 1956</b>		REGISTRAR'S SIGNATURE <b>Esther M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. H. Alexander, St. Joseph, Mo</b>			

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Wm H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address *St Joseph*

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.