

FILED JUL 23 1956

STANDARD CERTIFICATE OF DEATH

State File No. 24468

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5299 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MARION TWP		c. LENGTH OF STAY (in this place) 20 YRS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. MADISON		c. CITY OR TOWN RURAL - MARION, TWP. d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) BINA b. (Middle) LEE c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) JULY 15 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 21, 1891
9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 11 Days 29 Hours - Min. -	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and State or Foreign Country) MONROE CO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME A. A. HOWELL		13b. MOTHER'S MAIDEN NAME ANNA MAE YOUNG	
14. NAME OF HUSBAND OR WIFE WAYNE 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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME WAYNE JONES, MADISON, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
ANTECEDENT CAUSES 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 4201	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July 14, 1956 , to July 15, 1956 , that I last saw the deceased alive on July 14, 1956 , and that death occurred at 2:00 A. M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) J. A. Barnett M.D.		23b. ADDRESS PARIS, MO.	
23c. DATE SIGNED 7-16-56		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 7-17-56		24c. NAME OF CEMETERY OR CREMATORY SUN SET HILL	
24d. LOCATION (City, town, or county) (State) MADISON, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakely	
DATE REC'D BY LOCAL REG. 7-18-56		REGISTRAR'S SIGNATURE E. Lee Robertson	
25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakely		ADDRESS PARIS, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 28 1961

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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..... *E. H. Agnew*

Licensed Embalmer No. 400

P.O. Address PARIS, MISSOURI

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.