

FILED OCT 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31416**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **5760** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL FABIUS)		c. CITY OR TOWN MAYWOOD	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) XXXXXX		e. STREET ADDRESS (If rural, give location) 3 mile So. East Maywood	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 mile So. East Maywood			

3. NAME OF DECEASED (Type or Print) WILBER	a. (First)	b. (Middle) ESEL	c. (Last) JONES	4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 12/9/1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 9 Days 0	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) MARION COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME BENJAMIN JONES	13b. MOTHER'S MAIDEN NAME FRANCIS ANN SHULTS	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. XXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME EMERSON JONES	ADDRESS MAYWOOD, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 14, 1954**, to **Sept 9, 1956**, that I last saw the deceased live on **Aug 15, 1956**, and that death occurred at **11 A.M.** from the causes and on the date stated above.

22a. SIGNATURE Walter D. Jones	(Degree or title) Coroner MO	23b. ADDRESS Lewistown, Mo.	23c. DATE SIGNED Sept 10, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/11/56	24c. NAME OF CEMETERY OR CREMATORY MAYWOOD	24d. LOCATION (City, town, or county) (State) MAYWOOD, MISSOURI
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DATE REC'D BY LOCAL REG. 9-17-56	REGISTRAR'S SIGNATURE W. M. Jones	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Jones	ADDRESS Lewistown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1890

RECEIVED OCT 3 1958
MARION CO. HEALTH DEPT.
DATE FILED OCT 3 1958

OCT 2 6 1958

MAR 14 1962

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 *Charles L. Arnold*.....

Licensed Embalmer No...4667...

P. O. Address ..LEWISTOWN,...

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.