

FILED NOV 5 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **34560**

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5395 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON		
b. CITY OR TOWN ROCK TOWNSHIP		c. LENGTH OF STAY (in this place) 40YRS	c. CITY OR TOWN ROCK TOWNSHIP		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR IMPERIAL MO			e. STREET ADDRESS (If rural, give location) NEAR IMPERIAL MO		
3. NAME OF DECEASED (Type or Print) a. (First) EUGENE b. (Middle) U. c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) OCT 22/1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 6, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 7 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) SMITH COUNTY KANSAS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES JONES		13b. MOTHER'S MAIDEN NAME UNKNOWN MORGAN	14. NAME OF HUSBAND OR WIFE NELLIE COE JONES (DEC)		
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM JONES IMPERIAL 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chr. Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH
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) <i>Imperial Jefferson Mo</i>		21d. (STATE) <i>Mo</i>	
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 <i>4221</i>			
22. I hereby certify that I attended the deceased from <u>1954</u> to <u>1956</u> , that I last saw the deceased alive on <u>10/22, 1956</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>H Reich</i>		(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Imperial Mo</i>		23c. DATE SIGNED <i>10/23/56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE OCT 25 1956	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE MAUSOLEUM	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO		
DATE REC'D BY LOCAL REG. <i>10/27/1956</i>		REGISTRAR'S SIGNATURE <i>Ruth Jissa</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HELLIGTAG FUNERAL HOME IMPERIAL MO.	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 31 1956

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.....
Emel Heiligtag

Licensed Embalmer No. *357*

P. O. Address.....
Imperial

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.