

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

319

STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 124 S. 15th St.				Length of stay in lb life		d. STREET ADDRESS (If outside, give location) 124 So. 15th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES HENRY JONES						4. DATE OF DEATH Month Day Year Jan. 24, 1957							
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 6, 1871		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Sheriff				10b. KIND OF BUSINESS OR INDUSTRY County Sheriff		11. BIRTHPLACE (City and state or country) Buchanan County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Levi Jones						14. MOTHER'S MAIDEN NAME Elizabeth Wells							
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. 500-34-6490		17. INFORMANT Address Mrs. C. H. Jones, 124 S. 15th St., Joseph, Mo.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Virus Pneumonia</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) _____			
										DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from <u>Jan 22, '57</u> , to <u>Jan 24, '57</u> and last saw <sup>her</sup> him alive on <u>Jan 24 '57</u> Death occurred at <u>9:00 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>B. W. Taylor</u> (Degree or title)						22b. ADDRESS <u>2727 Julia St., City</u>				22c. DATE SIGNED <u>Jan 26 '57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE 1/28/1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery			23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.					
24. FUNERAL DIRECTOR Heaton - Bowman & Joseph, Mo.					25. DATE RECD. BY LOCAL REG. Jan 30, 1957		26. REGISTRAR SIGNATURE Robert M. Allison						

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 1 1961

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 *James B. Hawkins*

Licensed Embalmer No. 453

P. O. Address 719 1010 St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.