

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5266

FILED MAR 5 1957

State File No. 5266

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin Mo		c. CITY OR TOWN Joplin Mo	
c. LENGTH OF STAY (If in this place)		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 Home		STREET ADDRESS Mo	

3. NAME OF DECEASED (Type or Print) Lucius M. Jones			4. DATE OF DEATH (Month) (Day) (Year) 2-16-57					
5. SEX Male	6. COLOR OR RACE Wk	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) named	8. DATE OF BIRTH 12-6-1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 2	IF UNDER 4 HRS. Days 10	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Joplin Mo		12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME W H Jones		13b. MOTHER'S MAIDEN NAME Frances Henry Zula Jones		14. NAME OF HUSBAND OR WIFE Zula Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Zula Jones		ADDRESS Joplin 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		2 years	
		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 4500		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) 2	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1 Jan, 1957, to 16 Feb, 1957, that I last saw the deceased alive on 14 Feb, 1957, and that death occurred at 10 45 m., from the causes and on the date stated above.

23a. SIGNATURE Leroy Rimmans		(Degree or title) M.D.		23b. ADDRESS 1201 Center Joplin Mo		23c. DATE SIGNED 16 Feb 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-57		24c. NAME OF CEMETERY OR CREMATORY Joplin Cem		24d. LOCATION (City, town, or county) (State) Joplin Mo	
DATE REC'D BY LOCAL REG. 2-17-57		REGISTRAR'S SIGNATURE W J Clinton		25. FUNERAL DIRECTOR'S SIGNATURE Jackson & Sons		ADDRESS Joplin Mo	

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

County Health Officer
County File Number 57-2-167
Date Filed FEB 28 1957

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 K Jackson*

Licensed Embalmer No. 395

P. O. Address *Sarcay*

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.