No. 300
10.48

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5911

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4436 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
c. LENGTH OF STAY (in this place): 18 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St. Clair
c. CITY OR TOWN: Appleton City 0930
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Calvin c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year): Mar 7 - 57

5. SEX: M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 13 - 1868
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Bolivar Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James W. Jones
13b. MOTHER'S MAIDEN NAME: Katherine Guy
14. NAME OF HUSBAND OR WIFE: Laura Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Calvin Jones — ADDRESS: Appleton City 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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: 4200
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1953, *to* 7 Mar, 1957, *that I last saw the deceased alive on* 4 Mar, 1957, *and that death occurred at* 12 30/4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. T. Ellett MD
23b. ADDRESS: Appleton City
23c. DATE SIGNED: 7 Mar 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 9 - 57
24c. NAME OF CEMETERY OR CREMATORY: Appleton ~~Smith Bend~~
24d. LOCATION (City, town, or county) (State): St. Clair Co., Mo.

DATE REC'D BY LOCAL REG.: Mar. 8, 1957
REGISTRAR'S SIGNATURE: Cleo Abney
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar Eckhoff — ADDRESS: Appleton City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

85

APR 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Oscar Eckhoff ~~394~~

Licensed Embalmer No. 394

P. O. Address Appy

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