V.S. No. 300
Rev. 10.48

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14064

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 815 Prarie Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Neosho
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 815 Prarie Ave. 2730

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

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1, 1921
9. AGE (In years last birthday): 35 — If under 1 year: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Truck Driving
11. BIRTHPLACE (City and State or Foreign Country): Wtumka, Okla.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Charles A. Jones
13b. MOTHER'S MAIDEN NAME: Clow White
14. NAME OF HUSBAND OR WIFE: Alice Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Alice Jones Neosho, Missouri

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) Carcinoma of Rt. Lung — INTERVAL BETWEEN ONSET AND DEATH: 14 Mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
(b) Pneumonia — 1 Day
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: May 1956
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rt. lung 163X
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* March, 1957, *to* April 15, 1957, *that I last saw the deceased alive on* 15 April, 1957, *and that death occurred at* 6:50 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George C. Oline, MD
23b. ADDRESS: Neosho, Mo
23c. DATE SIGNED: 26 April 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-18-57
24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
24d. LOCATION (City, town, or county) (State): Neosho Missouri

DATE REC'D BY LOCAL REG.: 4-27-57
REGISTRAR'S SIGNATURE: Melvin C. Bowman
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Clark Funeral Home Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
District Health Officer No. Newton
Permit File Number 557-102
Date Filed MAY 4 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Cecil A. Thornhill

Licensed Embalmer No. 359

P. O. Address Joplin M

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