V.S. No. 300
Rev. 10.48

FILED APR 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15890

BIRTH NO. _____ REG. DIST. NO. 388 PRIMARY REG. DIST. NO. 6154 Registrar's No. 8

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

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gray Ridge
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gray Ridge
d. STREET ADDRESS (If rural, give location): 1030

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

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1957

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov. 29, 1887
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: John Jones
13b. MOTHER'S MAIDEN NAME: Georgia McGill
14. NAME OF HUSBAND OR WIFE: single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): x x x xx xx x
16. SOCIAL SECURITY NO.: 406-14-8428
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Fred Jones Gray Ridge, 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): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive heart failure — yrs

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: 4201
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 16, 1957, *to* March, 1957, *that I last saw the deceased alive on* March 16, 1957, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Romeau M.D.
23b. ADDRESS: 20 N. Walnut Dexter
23c. DATE SIGNED: 3/21/57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-19-57
24c. NAME OF CEMETERY OR CREMATORY: Walker cemetery
24d. LOCATION (City, town, or county) (State): Bloomfield, Mo.

DATE REC'D BY LOCAL REG.: 4-2-57
REGISTRAR'S SIGNATURE: Mrs. Geo. L. Baker
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Watkins & Sons Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

4850

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 .....
Student Embalmer

Signed Marsh Wilkins

Licensed Embalmer No. 4717

P. O. Address Sarcoxie, Mo

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 this body is not embalmed, fact should be so stated above.