

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

State File No. **45983**
1003 Registrar's No. **12721**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 45 yrs.	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38 d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. HOMER Phillips Hosp.			STREET ADDRESS (If rural, give location) 4659 St. Louis Avenue		
3. NAME OF DECEASED (Type or Print) a. (First) JASPER		b. (Middle) H.	c. (Last) JONES	4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ? 1887	9. AGE (In years last birthday) Abt. 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY A. J. Mfg. Co.	11. BIRTHPLACE (City and State or Foreign Country) Gunnison, Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Wilbur ?		13b. MOTHER'S MAIDEN NAME Rosetta ?	14. NAME OF HUSBAND OR WIFE Quintina Jones		
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. 497-03-3142	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Jones 4659 St. Louis		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion Coronary heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1				INTERVAL BETWEEN ONSET AND DEATH 12-30-57. Nov 1957.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from 11-12, 1957 , to 12-28, 1957 , that I last saw the deceased alive on 12-28, 1957 , and that death occurred at 9:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE J.C. Sheppard J.C. Sheppard, M.D.			(Degree or title) _____	23b. ADDRESS 2702a Franklin 2702a Franklin	23c. DATE SIGNED Jan 2, 58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/3/58	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. JAN 2 '58	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	ADDRESS 4107 Finney Av.		

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

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 *Guyton Swann*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney A

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..