

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19329

State File No.

FILED JUL 6 1949

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>	c. LENGTH OF STAY (In this place) <u>25 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>610 SOUTH CARTER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) <u>LEWIS</u> c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1949</u>
5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>
8. DATE OF BIRTH <u>SEPT 15, 1875</u>	9. AGE (In years last birthday) <u>73</u> If UNDER 1 YEAR Months <u>9</u> Days <u>17</u> If UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>
11. BIRTHPLACE (State or foreign country) <u>IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Don't know</u>	13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE <u>CORA JONES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>m</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Phyllis Jones</u> ADDRESS <u>Clinton mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>48 60</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u></u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>Stroke</u>
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22. I hereby certify that I attended the deceased from June 27, 1949 to July 1, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gus [Signature]</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u></u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM</u>	24d. LOCATION (City, town, or county) (State) <u>CLINTON MO</u>
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DATE REC'D BY LOCAL REG. <u>July 2-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	425 25. FEDERAL DIRECTOR'S SIGNATURE <u>J. E. Consohn</u> ADDRESS <u>Clinton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

47
1
2

RECEIVED

District Health Officer No. 7,

District File Number 6-49-805

Date Filed 7-5-49

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.

Signed _____

J. E. Conroy

Licensed Embalmer No. 1891

P. O. Address Clinton Mo

Signed _____
Student Embalmer

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.