

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5607**

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **4214** Registrar's No. **58**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Lewis	b. (Middle) G	c. (Last) Jones	4. DATE OF DEATH (Month) Feb , (Day) 7 (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept, 5, 1878	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 5 Days 2 IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common	11. BIRTHPLACE (State or foreign country) St Clair County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Jones	13b. MOTHER'S MAIDEN NAME Mary S Thiele	14. NAME OF HUSBAND OR WIFE Single
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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Rush Straw Deepwater Mo ADDRESS Deepwater Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis.	DUPLICATE (b) Hypertension, Nephritis. virus Infection.		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE (c) Undernourished, (Cough 213).		
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 checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1940**, to **Death upon Arrival**, that I last saw the deceased alive on **Feb 6**, 19**53**, and that death occurred at **1 A.** m., from the causes and on the date stated above.

23a. SIGNATURE H. C. P. ... (Degree or title) P.O.	23b. ADDRESS Deepwater, Mo.	23c. DATE SIGNED 2-7-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 8th 1953	24c. NAME OF CEMETERY OR CREMATORY Teays Chapel
24d. LOCATION (City, town, or county) Deepwater Mo		(State) Mo

DATE REC'D BY LOCAL REG. Feb-8-53	REGISTRAR'S SIGNATURE Florence Adair	FUNERAL DIRECTOR'S SIGNATURE Tom ... ADDRESS Deepwater Mo
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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

Tom Hunt

Licensed Embalmer No. *2982*

P. O. Address *Depwater, Me*

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.