

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42663

State File No. _____

FILED JAN 4th 1954

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|--|-------------------------------|--|---|--|---|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>137</u> | | PRIMARY REG. DIST. NO. <u>3023</u> | | Registrar's No. <u>277</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | | | |
| b. CITY OR TOWN <u>Clinton</u> | | c. LENGTH OF STAY (in this place) <u>24 yrs</u> | | c. CITY OR TOWN <u>Clinton</u> <u>0422</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>725 E FRANKLIN ST</u> | | | | d. STREET ADDRESS (If rural, give location) <u>725 E. Franklin St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Percy</u> b. (Middle) <u>Morgan</u> c. (Last) <u>Jones</u> | | | 4. DATE OF DEATH <u>Dec 23-1953</u> (Month) (Day) (Year) | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb 6-1892</u> | | 9. AGE (in years last birthday) <u>61</u> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State, or Foreign Country) <u>Walnut, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Charles Morgan Jones</u> | | 13b. MOTHER'S MAIDEN NAME <u>Estelle Lee Baughman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Gladys Hope Jones</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War I</u> | | 16. SOCIAL SECURITY NO. <u>490-05-8916</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gladys H. Jones - Clinton</u> ADDRESS <u>Mo</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND 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) <u>332X</u> | | | |
| 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 <u>Dec 23, 1953</u> , to <u>Dec 23, 1953</u> , that I last saw the deceased alive on <u>Dec 23, 1953</u> , and that death occurred at <u>12:05 PM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Clinton Mo</u> | | 23c. DATE SIGNED <u>Dec 26/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12/26/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>Dec-26-53</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Corcoran</u> | | ADDRESS <u>Clinton</u> | |

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

FEB 26 1954

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 J. E. Consalvo
Licensed Embalmer No. 1891

P. O. Address Antonia

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.