

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25007**
Registrar's No. **313**

FILED JUL 19 1955

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6128**

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence, Mo		c. CITY OR TOWN Eminence, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 80 yrs		e. STREET ADDRESS (If rural, give location) Rural 1070	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Harve c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) June 8th 1955		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 18-1975	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Iron County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME H.C. Jones		13b. MOTHER'S MAIDEN NAME Susan Chilton		14. NAME OF HUSBAND OR WIFE Sarah Jones			
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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 ADDRESS Sarah Jones West Eminence, Mo			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bright's Disease DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatitis				INTERVAL BETWEEN ONSET AND DEATH 3 days 1 year years 1 yrs	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 593X	
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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? _____	
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22. I hereby certify that I attended the deceased from **10-11-1952**, to **6-8-1955**, that I last saw the deceased alive on **6-8-1955**, and that death occurred at **9 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. F. W. ... (Degree or title)		23b. ADDRESS Eminence Mo		23c. DATE SIGNED 7-1-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 10 1955		24c. NAME OF CEMETERY OR CREMATORY Summers Cem,		24d. LOCATION (City, town, or county) (State) Eminence Mo	
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DATE REC'D BY LOCAL REG. 7-18-55		REGISTRAR'S SIGNATURE Mobile ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo	
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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 *Joe P. Duncan*.....
Licensed Embalmer No. *4-3*.....
P. O. Address *...*.....

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.