

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34555

STATE FILE NUMBER

Registration District No. 336

Primary Registration District No. 6.128

Registrar's No. 429

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Shannon</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Eminence</u>		c. CITY OR TOWN <u>Eminence</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>life</u>	
3. NAME OF DECEASED (Type or print) First <u>Marion</u> Middle <u>Monroe</u> Last <u>Jones</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>21</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 12, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Eminence, Missouri</u>
13a. FATHER'S NAME <u>Henry Clay Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Susan M. Chilton</u>	14. NAME OF HUSBAND OR WIFE <u>Dollie Jones</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Frank Jones, Eminence, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 m</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>2-18-56</u> to <u>9-20-57</u> and last saw her alive on <u>9-20-57</u> Death occurred at <u>2 o'clock</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) <u>Dr. Rufus F. Wilson M.D.</u>		22b. ADDRESS <u>Eminence Mo</u>	
		22c. DATE SIGNED <u>9-25-57</u>	
23a. BURIAL, CREMATION, REMOVAL, etc. <u>buried</u>		23b. DATE <u>9/22/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence</u>		23d. LOCATION (City, town, or county) (State) <u>Eminence, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Duncan Funeral Home Mt View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9.28.1957</u>	
26. REGISTRAR'S SIGNATURE <u>Malcolm P. Green</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 3 1957

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 *Joel R. Duncan*
Licensed Embalmer No. *4325*
P. O. Address *Mt. View*

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.