

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38993

State File No. _____

FILED OCT 28 1953

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6243 Registrar's No. 67

1100

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

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Rural - Liberty</u> c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY OR TOWN <u>Rural Liberty Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Liberty Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Near Peter's mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>Benjamin</u> c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 1953</u>	
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>April 4 1886</u>
9. AGE (in years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Nodd Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Alexene Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Mammie Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mammie Jones</u>		ADDRESS <u>Peter's mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Respiratory + Circulatory failure</u>		DUE TO (c) <u>Coronary Occlusion</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 <u>4201</u>	
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 <u>Oct 11</u> , 19 <u>53</u> , to <u>Oct 21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 21</u> , 19 <u>53</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Sam M. Sumner, D.O.</u>		23b. ADDRESS <u>Peter's mo.</u>	
23c. DATE SIGNED <u>Oct 22 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prospect Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Franklin Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.P. Casey</u>	
25. ADDRESS <u>St. Clair mo.</u>		DATE REC'D BY LOCAL REG. <u>10/23/53</u>	
REGISTRAR'S SIGNATURE <u>Hybrut Giddell</u>		40370	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

OCT 3 1933

WASH. COUNTY HEALTH DEPT.

File No. _____

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 Arthur J. Sparks

Licensed Embalmer No. 4236

P. O. Address Flad Rm 2 No

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.