

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41797

State File No.

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 572a Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Harrison</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>60</u> OR TOWN <u>Rural Harrison</u> <u>0</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Enon, Mo Rt #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enon, Mo Rt #1</u>		d. STREET ADDRESS (If rural, give location) <u>Enon, Mo Rt #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Cassie</u> c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>24</u> (Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 18, 1883</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR <u>2</u> Months	IF UNDER 4 HRS. <u>6</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lycugus Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Cook</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Roy L. Jones</u>		ADDRESS <u>Enon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> <u>5 year</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>10-21</u> , 19 <u>49</u> , to <u>Dec 28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 20</u> , 19 <u>49</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Kerwin Latham M.D.</u> (Degree or title)		23b. ADDRESS <u>California, Mo</u>	
23c. DATE SIGNED <u>12-26-49</u>		24. BURYAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/26/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodman Cemt. H.P. Mo High Point, Mo</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward R. Bowlin</u> ADDRESS <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/28/49</u>		REGISTRAR'S SIGNATURE <u>C.H. Nail</u>	

RECEIVED
JAN 3 1950
District Health Officer No. 9,
District File Number

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 Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California

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.