

FILED JUL 25 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22431

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5282 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY (If outside corporate limits, write RURAL and give township) Revere-Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Clark
c. CITY (If outside corporate limits, write RURAL and give township) Peabeville rural
d. STREET ADDRESS (If rural, give location) 1230

3. NAME OF DECEASED (Type or Print)
a. (First) OTTO
c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year)
July 6 1951

5. SEX male
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Dec. 17 1878

9. AGE (In years last birthday) 72
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm Jones

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Myrtle Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle Jones Revere, Mo.

18. CAUSE OF DEATH Enter 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) Drowning accidental
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. While fishing on Des Moines River

INTERVAL BETWEEN ONSET AND DEATH
89298
42

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Exam. floating in Mississippi river at Canton, Mo.

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, road) Des Moines River near Revere, Mo.

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Clark Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 6 1951 m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? While fishing

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl H. Buckley Coroner

23b. ADDRESS Canton, Lewis Co. Mo.

23c. DATE SIGNED 7/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 10 1951

24c. NAME OF CEMETERY OR CREMATORY Prairie Church Cem.

24d. LOCATION (City, town, or county) (State) Revere, Mo.

DATE REC'D BY LOCAL REG. 7/19-51

REGISTRAR'S SIGNATURE A. H. Bridges

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Settling Und. Kahoka

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

2230
37

NOV 19 1952

Date Received: JUL 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-132
Date Filed: JUL 23 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by

anyone

working under my personal supervision.

Student Embalmer No.....

Signed

Chas. L. Lutting

Signed.....

Student Embalmer

Licensed Embalmer No. *2965*

P. O. Address *Quincy, Mo.*

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.