

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42683

State File No.

FILED DEC 22 1952

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 222 Registrar's No. 165

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

1. PLACE OF DEATH a. COUNTY <u>Johnson,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri,</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerview, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerview, Missouri,</u> <u>0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>Centerview, Mo. City.</u>	

3. NAME OF DECEASED (Type or Print) <u>Calvin Sandy Jones,</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25th, 1952</u>
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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>Apr. 22, 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming,</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sandy Jones,</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Jones,</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>493-22-4054</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Viola Jones,</u>	ADDRESS <u>Centerview, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 mo-</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular fibrillation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis, Coronary</u> DUE TO (c)		
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	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 11-23, 1952, to 11-25, 1952, that I last saw the deceased alive on 11-25, 1952, and that death occurred at 3P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Lee Cooper M.D.</u>	23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>11-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-27-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Johnson County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 9, 1952</u>	REGISTRAR'S SIGNATURE <u>Lavannah C. Whitefield</u>	25. FORMAL DIRECTOR'S SIGNATURE <u>R. V. Brundage</u>	ADDRESS <u>Warrensburg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1952
JOHNSON COUNTY HEALTH DEPT.

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 W. M. Bauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.