

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37968

State File No.

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>McDonahd</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>McDonahd</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pineville Twp</u>	c. LENGTH OF STAY (in this place) <u>4 yrs</u>	c. CITY OR TOWN <u>Noeh (R)</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		STREET ADDRESS (If rural, give location) <u>RT</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chifford</u> b. (Middle) <u>Gibbert</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-12-1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N M</u>	8. DATE OF BIRTH <u>5-19-1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JAME</u>	11. BIRTHPLACE (City and State; Foreign Country) <u>Osburn Co. Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>J.H. JONES</u>	13b. MOTHER'S MAIDEN NAME <u>TENA Robison</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, dates of service) <u>YES W I</u>	16. SOCIAL SECURITY NO. <u>523-03-7632</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W R JONES</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4201</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W R Jones</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Mo.</u>	23c. DATE SIGNED <u>11-18-54</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MULHALL</u>	24d. LOCATION (City, town, or county) (State) <u>MULHALL OKLA.</u>
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DATE REC'D BY LOCAL REG. <u>11-20-54</u>	REGISTRAR'S SIGNATURE <u>W R Jones</u>	423-	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u>	ADDRESS <u>Renewell, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0600

2001 23 1032

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 *J. M. Humphrey Jr.*.....
Licensed Embalmer No. 470

P. O. Address *Noel, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.