

FILED JUL 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19377

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>5694</u>		Registrar's No. <u>129</u>					
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural, Chillicothe Twp.</u>		c. LENGTH OF STAY (in this place) <u>1 Hour.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Meadville</u>		05801					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy 36, Ambulance-Enroute Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Meadville, Mo.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>			b. (Middle) <u>L.</u>		c. (Last) <u>James</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-7-55</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White US</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-19-1915</u>		9. AGE (In years last birthday) <u>39</u> # UNDER 1 YEAR Months Days # UNDER 1 Mth. Hours Mins.			
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 <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Frank L. Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Ralls</u>			14. NAME OF HUSBAND OR WIFE <u>Evelyn Lillian Jones</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>10-15-42 to 9-29-43 488-14-9511</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. L. Jones, Meadville, Missouri.</u>				ADDRESS		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intracranial Aneurysm</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>5 1/2 hrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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>April 1946</u> , to <u>July 7, 1955</u> , that I last saw the deceased alive on <u>July 7, 1955</u> , and that death occurred at <u>1:15 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>M. A. Bryan, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Wheeling, Mo.</u>		23c. DATE SIGNED <u>7-8-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wheeling, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>7-8-55</u>		REGISTRAR'S SIGNATURE <u>Francis B. Nail</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home, Chillicothe, Mo.</u>					ADDRESS	

(Increased Embalmers' Statement on Reverse Side)

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

Joseph M. Gibson

Licensed Embalmer No. *4769*

P. O. Address *Chillicothe, 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.