

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26279

State File No.

FILED AUG 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4087</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>CARTER</u>			
b. CITY OR TOWN <u>VAN BUREN</u>		c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY OR TOWN <u>VAN BUREN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				e. STREET ADDRESS (If rural, give location) <u>Gen Delivery</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>DAVID</u>		c. (Last) <u>JONAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9 1956</u>	
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>June 15 1876</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
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>Butler County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BENJAMIN JONAS</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN HESTER COX</u>		14. NAME OF HUSBAND OR WIFE <u>Della JONAS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della H. Jonas, Van Buren 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric Carcinoma</u> <u>6 months</u> DUE TO (c) <u>Senility and Arteriosclerosis</u> <u>5 yrs.</u> 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>1-day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				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>May 10, 1956</u> to <u>Aug 9, 1956</u> , that I last saw the deceased alive on <u>Aug 5, 1956</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank P. O. Von Buren Mo.</u>		23b. ADDRESS				23c. DATE SIGNED <u>Aug 10 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAN BUREN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VAN BUREN MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug 22-1956</u>		REGISTRAR'S SIGNATURE <u>Max Oeta. Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oloman M. Henson, Van Buren Mo</u>			

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

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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 *Allen C. McQueen*.....

Licensed Embalmer No. *4543*.....

P. O. Address *Van Buren*.....

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.