

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11761

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry Co.	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY OR TOWN Epater	
c. LENGTH OF STAY (In this place) 3 da		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 MARK OSTEOPATHIC HOSPITAL		e. STREET ADDRESS (If rural, give location) 0050	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Washington c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) April 13 1954	
5. SEX Male	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-3-1881
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	
11. BIRTHPLACE (City and State or Foreign Country) Barry County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel P. Jones		13b. MOTHER'S MAIDEN NAME Martha Roach	
14. NAME OF HUSBAND OR WIFE Lucy Jones		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Noah Davidson - Springfield	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General pericarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pericarditis of the Tennen. DUE TO (c) unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 578X	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. MAJOR FINDINGS OF OPERATION per forans ulcer of Tennen	
21a. 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 April 11, 1954, to April 13, 1954, that I last saw the deceased alive on April 13, 1954, and that death occurred at 2:40 A.M., from the causes and on the date stated above.			
23a. SIGNATURE, (Degree or title) William P. Nease 2 nd MD		23b. ADDRESS Springfield, Mo.	
23c. DATE SIGNED April 13 1954			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 4-15-1954	
24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		24d. LOCATION (City, town, or county) Epater - Missouri (State)	
DATE REC'D BY LOCAL REG. 4-15-54		REGISTRAR'S SIGNATURE (Print) William	
25. FUNERAL DIRECTOR'S SIGNATURE Culver Funeral Home, Inc.		ADDRESS Cassville	

(Licensed Embalmer's Statement on Reverse Side)

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

1-1-30
JAN 1 1930
JAN 1 1930

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 *Margaret C. Herber*

Licensed Embalmer No. *438*

P. O. Address *Cassville*

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.