

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37671
State File No.

FILED DEC 14 1955

BIRTH NO. REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 1900 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Deming</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Deming</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>		c. CITY OR TOWN <u>Steele</u>	
c. LENGTH OF STAY (In this place) <u>Hollandy 187</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jim</u> b. (Middle) <u>Jones</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-58</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Cal</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>7-18-1934</u>			9. AGE (In years last birthday) <u>21</u>		10. MONTHS <u>4</u> DAYS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wilson Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Sam Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Burns</u>	
14. NAME OF HUSBAND OR WIFE		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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Jones</u>		ADDRESS <u>Steele Rt 1</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Osteomyelitis femur, lower</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Spinal Cord injury - traumatic following lumber puncture done 8 mos ago at St Louis</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"/>	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 26 Nov, 1958 to 27 Nov, 1958, that I last saw the deceased alive on 27 Nov, 1958, and that death occurred at 4:30 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>Frederick W. ...</u> (Degree or title)		23b. ADDRESS <u>Camthessall, mo</u>		23c. DATE SIGNED <u>11/30/58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>11-30-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Holland Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-6-58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 249-2		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Berman and Co. Steub Mo</u>			

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

0780

12-255-55

DEC 12 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
GARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John H. Garner*

Licensed Embalmer No. *435*

P. O. Address *Hayti*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.