

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40127**

BIRTH NO. _____		REG. DIST. NO. 109		PRIMARY REG. DIST. NO. 480		Registrar's No. 777			
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell		c. LENGTH OF STAY (In this place) 3 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		d. STREET ADDRESS (If rural, give location) Box 352			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Baptist Rest Home				3. NAME OF DECEASED a. (First) OSCAR b. (Middle) WALSTINE c. (Last) JONES					
4. DATE OF DEATH (Month) (Day) (Year) Nov. 30 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH March 22 1885		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 8 Days 8		IF UNDER 1 Mth. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Harrisburg, Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Robert Jones		13b. MOTHER'S MAIDEN NAME Unknown Bell		14. NAME OF HUSBAND OR WIFE Ruth Jones, Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ann Clark 121 W. Laclede Malden, Mo					
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) Acute atrophy of the liver of undetermined etiology. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 580x				INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Antecedent Congestive heart Failure				5-6 weeks					
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) (Min.)		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 9/26 , 1955, to 11/29 , 1955, that I last saw the deceased alive on 11/29 , 1955, and that death occurred at 1:00 P.M. on the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Wallace Selsby M.D.				23b. ADDRESS Campbell Mo.		23c. DATE SIGNED 12/3/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 2 1955		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Malden Missouri			
DATE REC'D BY LOCAL REG. 12-5-55		REGISTRAR'S SIGNATURE Mrs. Dulah D. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home, Campbell, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT12-44-55.....
COUNTY FILE NUMBER 1252-304

JUL 19 1957

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 *Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address *Campbell, Ga*

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.