

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 23

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Tricksville</u> | | c. LENGTH OF STAY (in this place) <u>1 day</u> | c. CITY OR TOWN <u>Medill</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirks. Osteopathic Hosp.</u> | | e. STREET ADDRESS (If rural, give location) <u>0230</u> | |
| 3. NAME OF DECEASED a. (First) <u>Phillis</u> b. (Middle) <u>EUNICE</u> c. (Last) <u>JONES</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22-1956</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Aug. 13-1955</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years) (If under 1 year last birthday) Months <u>5</u> Days <u>9</u> Hours <u>9</u> Min. |
| 11a. FATHER'S NAME <u>Phillip Jones</u> | | 11b. MOTHER'S MAIDEN NAME <u>Mary Pascoe Chewning</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Reahuk Iowa</u> |
| 13a. FATHER'S NAME | | 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) | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Phillip E. Jones</u> ADDRESS <u>Medill</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonitis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>492X</u> | |
| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>22</u> | |
| 22. I hereby certify that I attended the deceased from <u>Jan 22, 1956</u> , to <u>Jan 22, 1956</u> , that I last saw the deceased alive on <u>Jan 22, 1956</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or Title) <u>M. Lutenoski</u> | | 23b. ADDRESS <u>Tricksville Mo</u> | |
| 23c. DATE SIGNED <u>1-22-56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 23-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lakaha Co.</u> | 24d. LOCATION (City, town, or county) (State) <u>Lakaha - Clark Co. Mo</u> |
| DATE REC'D BY LOCAL REG. <u>1-22-56</u> | REGISTRAR'S SIGNATURE <u>Rate Lambert 1-0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paris Davis, Tricksville, Mo.</u> ADDRESS _____ | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Robert B. Davis*.....

Licensed Embalmer No. *421*
P. O. Address *Kirkville,*.....

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.