

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13827

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 86

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>L</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 1 1899</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Stark Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Blankenship</u>		14. NAME OF HUSBAND OR WIFE <u>Eula Jones</u>	
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. <u>486-24-1014</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. L. Jones</u> ADDRESS <u>Montreal 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>Generalized Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured Viscus</u> DUE TO (c) <u>Intestinal Obstruction</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>6 days</u> <u>6 days</u> <u>6 days</u>	
19a. DATE OF OPERATION <u>5-8-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Generalized Peritonitis, Ruptured Viscus, Intestinal Obstruction</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. (ACCIDENT) SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 1 56 12a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Sheep butted him in stomach</u>	

22. I hereby certify that I attended the deceased from 5-1, 1956, to 5-7, 1956, that I last saw the deceased alive on 5-7, 1956, and that death occurred at 9:10A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George R. Vecker M.D.</u> (Degree or title)		23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>5-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/10/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hugo</u>	
24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Peltz</u> ADDRESS <u>Lebanon Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-10-1956</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Peltz</u> ADDRESS <u>Lebanon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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Received 5-14-56
Laclede County Health Unit
File No. 86
Date Filed 5-14-56

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..... *S. R. Palmer*

Licensed Embalmer No. 22

P. O. Address Lebano

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.