

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1956

State File No. 29609

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4518 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Hollister Mo</u>		c. CITY OR TOWN <u>Hollister</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs</u>		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 <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>P.O. Box 1060</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Olive</u> b. (Middle) <u>Parry</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 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>May 1, 1898</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Banker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lee Summit Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Cashier</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Hugh R Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Jeanette Parry</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes H 1</u>		16. SOCIAL SECURITY NO. <u>494-36-4001</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Jones</u> ADDRESS <u>Hollister 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>Several years</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</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>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hollister Taney Mo</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>8-3-56 7:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Heart Attack</u>	
22. I hereby certify that I attended the deceased from <u>8-13, 1956</u> , to <u>8-13, 1956</u> , that I last saw the deceased on <u>8-13, 1956</u> and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. T. E. same</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Lee Summit Mo</u>	23c. DATE SIGNED <u>8-18-56</u>
24a. BURIAL, CREMATION, or other disposition <u>Buried</u>	24b. DATE <u>8-15-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Lee Summit Mo</u>
DATE REC'D BY LOCAL REG. <u>8/18/56</u>	REGISTRAR'S SIGNATURE <u>Nelew Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel Funeral Home</u> ADDRESS <u>Home</u>	

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

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1150

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 *Minnie L. Wheelchel*

Licensed Embalmer No. *2277*

P. O. Address *Branson, Mo.*

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.