

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34783

FILED OCT 18 1956

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 353

1. PLACE OF DEATH a. COUNTY MARION			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MONROE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING HOSPITAL		Length of stay in lb 30 Min.	d. STREET ADDRESS (If outside, give location) E. SUMMER ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HERBERT Middle CALVIN Last JONES			4. DATE OF DEATH Month OCTOBER Day 12 Year 1956		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 14 1927	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 4 Days 28 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MARION COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME GEORGE JONES			14. MOTHER'S MAIDEN NAME GLADYS ROSETTA WALKER		
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. 194-22-6185	17. INFORMANT Geo Jones Address Monroe city, mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331x					INTERVAL BETWEEN ONSET AND DEATH 2 hours 6 months
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from July 12 1956 to Oct 12 1956 and last saw her/him alive on Oct 12 1956 Death occurred at 11:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John N. Kilb's M.D.			22b. ADDRESS Monroe City Missouri		22c. DATE SIGNED Oct 15 1956
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 16, 1956	23c. NAME OF CEMETERY OR CREMATORY HOWE CEMETERY		23d. LOCATION (City, town, or county) (State) MARION COUNTY, MISSOURI	
24. FUNERAL DIRECTOR Wilson & Sons		ADDRESS Monroe City, Mo		25. DATE RECD. BY LOCAL REG. 10-16-56	26. REGISTRAR'S SIGNATURE Dr. E. M. Luck By W. C. Fisher

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

See every standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED OCT 17 1956
MARION CO. HEALTH DEPT.
DATE FILED OCT 17 1956

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 301

P. O. Address Monroe City

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