

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **553**

FILED FEB 14 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Carrollton</b>		c. LENGTH OF STAY (in this place) <b>Rural (Eugene Twp)</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gilbert Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>Carrollton, Mo. R.F.D. 6</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Andrew</b> b. (Middle) <b>J.</b> c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept. 14, 1890</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carroll Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John S. Jones</b>	
13b. MOTHER'S MAIDEN NAME <b>Fannie Haney</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>Lost</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ralph Jones, Carrollton, Mo., R.F.D. 6</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral Insufficiency</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>410X</b>	
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 <b>Nov 15, 1956</b> to <b>July 4, 1957</b> that I last saw the deceased alive on <b>July 4, 1957</b> , and that death occurred at <b>5:00 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. Hamilton Stetson M.D.</b>		23b. ADDRESS <b>Carrollton, Mo. Feb. 6, 1957</b>	
23c. DATE SIGNED		24. BIRTHAL CREMATION REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>2/7/1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Carrollton, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Standley &amp; Gibson, Carrollton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-7-57</b>		REGISTRAR'S SIGNATURE <b>Miss Herbert Celox</b>	

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton 9*

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.