FILED MAR 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4105

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still Osteopathic — Length of stay in 1b three wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Duke, Missouri 0810 0 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Three miles East — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle EDWARD Last JONES

4. DATE OF DEATH Month March Day 9th Year 1957

5. SEX Male
6. COLOR OR RACE White 0
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec 17th'08
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR Months 2 Days 23 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Tuscumbia, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Jones
14. MOTHER'S MAIDEN NAME Emma Wheeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Lichtlighter Funeral Home St James Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cachexia
DUE TO (c) Carcinomatosis (primary in Pancreas)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).
Cholecystocholendostomy done 2/25/57

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 157X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2/18/57, to 3/9/57 and last saw him alive on 3/9/57
Death occurred at 9:38 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Michael (Degree or title) DO
22b. ADDRESS Jefferson City
22c. DATE SIGNED 3/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 12th'57
23c. NAME OF CEMETERY OR CREMATORY Smith Cemetery
23d. LOCATION (City, town, or county) (State) Phelps County, Missouri

24. FUNERAL DIRECTOR ADDRESS Tanner Funeral Home Jefferson City Mo
25. DATE RECD. BY LOCAL REG. 9 March 1957
26. REGISTRAR'S SIGNATURE R. P. Dorris, MD MR

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be tolerated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. Donald P. Freeman
Donald P. Freeman

Licensed Embalmer No....462

P. O. Address Jefferson Ci
Missouri

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