

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12578

State File No.

BIRTH NO. 370 20864-57 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>JEFFERSON CITY</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>ST. MARY'S HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>2101 W. MAIN ST. 2690</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 6 1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>D</u>	8. DATE OF BIRTH <u>APRIL 6, 1957</u>	9. AGE (In years last birthday) <u>—</u>	IF UNDER 1 YEAR Days <u>—</u> IF UNDER 1 HR. Hours <u>—</u> Min. <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>JEFFERSON CITY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Cecil Elroy Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Elizabeth HANNAPPEL</u>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cecil Jones - 2101 W. Main St.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>meningococcal meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>50 min.</u>
	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. <u>Premature Birth (28 wks) (36 wks)</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>750X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 April 6, 1957, to April 6, 1957, that I last saw the deceased alive on April 6, 1957, and that death occurred at 1 am m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Francis J. Miller M.D.</u>		23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>4/11/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem + Burial</u>		24b. DATE <u>April 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calver Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Russell Mo.</u>		24e. GENERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE REC'D BY LOCAL REG. <u>12 April 1957</u>		REGISTRAR'S SIGNATURE <u>W. P. Norris, M.D.</u>		ADDRESS <u>Jefferson City, Mo.</u>	

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

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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 *Amel P. Freeman*

Licensed Embalmer No. *4623*

P. O. Address *Jm*

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.