

FILED JUN 3 1957

STANDARD CERTIFICATE OF DEATH

166443

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kennett</u> <u>0352</u> 0	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in 1b <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>209 Franklin</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>R.</u> Middle <u>Irl</u> Last <u>Jones</u>			4. DATE OF DEATH Month <u>May</u> Day <u>19</u> Year <u>1957</u>
5. SEX <u>Male</u> <input type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 18- 1891</u> 9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	11. BIRTHPLACE (City and state or country) <u>Kennett Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>R.H. Jones</u>	
14. MOTHER'S MAIDEN NAME <u>Hettie Moore Langdon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. <u>XXX</u>	
16. SOCIAL SECURITY NO. <u>492-10-9137</u>		17. INFORMANT <u>Josephine Jones</u> Address <u>Kennett Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suicide (Gunshot)</u> DUE TO (b) <u>Chronic obstruction Emphysema 2yo</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Gun (38 pistol) shot to head</u>		20c. TIME OF INJURY Hour <u>6</u> Month, Day, Year a. m. <u>5</u> 19- <u>57</u> p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20f. CITY, TOWN, OR LOCATION <u>Kennett - Dunklin - MO</u>		20g. COUNTY <u>Dunklin</u>	
20h. STATE <u>MO</u>		21. I attended the deceased from <u>19:54</u> to <u>May 19, 1957</u> and last saw her alive on <u>3-19-57</u> Death occurred at <u>7:40 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Paul Baldwin</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Kennett Mo.</u>	
22c. DATE SIGNED <u>5-22-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5-21-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Kennett Mo.</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Lentz Service</u>		25. DATE RECD. BY LOCAL REG. <u>5-22-1957</u>	
26. REGISTRAR'S SIGNATURE <u>Carl W. Hubbard</u>		27. (State)	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION CORR. by aff June 14, 1957

RECEIVED DUNKLIN COUNTY HE

DEPARTMENT 5-2

COUNTY FILE NUMBER 557

JUN 4 1957
7:17 PM
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 *Edgar S. Ford*

Licensed Embalmer No. 4433

P. O. Address Kennett, Mo.

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.