FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 23974

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 243

1. PLACE OF DEATH
a. COUNTY Cole Jefferson Twp.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Near Elston, Mo. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Ten Miles West JC Mo Length of stay in 1b two months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Henley, Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) General Delivery Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HERBERT Middle OTTO Last JONES
4. DATE OF DEATH Month July Day 17th Year '57
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Febr 28th 1876
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 4 Days 21 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Cole County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ervin Jones
14. MOTHER'S MAIDEN NAME Mildred Miller
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 Mrs Logan Hartley Address Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 24 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 334X
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.)
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 Aug 2, 1944 to July 17, 1957 and last saw ~~her~~ him alive on July 16, 1957
Death occurred at 11:00 A m on the date stated above and to the best of my knowledge, from the causes stated.
22a. SIGNATURE R. M. Barnes (Degree or title) D.O.
22b. ADDRESS California, Mo
22c. DATE SIGNED 7/20/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 20th '57
23c. NAME OF CEMETERY OR CREMATORY Steely Cemetery
23d. LOCATION (City, town, or county) (State) Elston, Missouri
24. FUNERAL DIRECTOR Tanner Funeral Home ADDRESS Jefferson City Mo
25. DATE RECD. BY LOCAL REG. 22 July 1957
26. REGISTRAR'S SIGNATURE R. P. Darrin MD MR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard terms in Part I. Do not use "pump," "heart," or "failure" as a cause of death. Do not use symptoms or modes of dying. Do not use abbreviations or acronyms. Do not use diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

AUG 8 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Donald P. Freeman

Licensed Embalmer No. 462

P. O. Address Jefferson C
Missouri

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.