

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57027426

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <b>Barry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Barry</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cassville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hospital</b>			Length of stay in lb <b>2 Das</b>		d. STREET ADDRESS <b>406 W. County</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Eugene</b> Middle <b>Jones</b> Last <b>Jones</b>				4. DATE OF DEATH Month <b>8</b> Day <b>26</b> Year <b>1957</b>							
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>5-17-1874</b>		9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>9</b> Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Postal Clk.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mail Service</b>		11. BIRTHPLACE (City and state or country) <b>Sherman, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					
13. FATHER'S NAME <b>W.L. Jones</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>							
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>None</b>		17. INFORMANT <b>Beulah Jones</b>		Address <b>Monett, Mo.</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>								INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Cardio-Vascular-Renal Disease</b>						DUE TO (c) _____		5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>442X</b>								
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>24 August</b> to <b>26 August</b> and last saw her/him alive on <b>26 August</b> . Death occurred at <b>3:20</b> <b>PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>James E. Cardwell, D.O.</b> (Degree or title)				22b. ADDRESS <b>Cassville, Mo.</b>				22c. DATE SIGNED <b>8/30/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-28-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cem.</b>		23d. LOCATION (City, town, or county) <b>Monett, Mo.</b>		(State)			
24. FUNERAL DIRECTOR <b>Mercer Funeral Home, Monett, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8-30-1957</b>		26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>					

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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

10-0

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 957-154

DATE REC. 9-2-57

SEP 11 1957

OCT 17 1957

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 Roy H. Mercer

Licensed Embalmer No. 443

P. O. Address Monett, Mo.

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