

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

29614

STATE FILE NUMBER

318

1003

7218

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN Walnut Ridge 8030	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 33 STREET ADDRESS (If outside, give location) Route 1	
3. NAME OF DECEASED (Type or print) First PEARL Middle NMN Last JONES		4. DATE OF DEATH Month AUG Day 1 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		100. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 66
13. FATHER'S NAME Nelson England		11. BIRTHPLACE (City and state or country) Mammoth Springs, Ark.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. Unknown		14. MOTHER'S MAIDEN NAME Mary Jane Lindley	
17. INFORMANT John R. Jones, Walnut Springs, Ark.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURED LEFT VENTRICLE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MYOCARDIAL INFARCTION 420.0 DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE MANY YRS.			INTERVAL BETWEEN ONSET AND DEATH 2 WKS.
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour a. m. Month, Day, Year 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 JULY 29, 1957 to AUG. 1, 1957 and last saw her alive on AUG. 1, 1957 Death occurred at 2:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE FR Bradley (Degree or title) M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 8/2/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-2-57	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Walnut Ridge, Ark.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd. ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 2 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

