

Health,
& Welfare
S. Public
Health Service

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39682
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 385

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, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u> <u>0249</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>210a Marshall St.</u>		d. STREET ADDRESS (If outside, give location) <u>210a Marshall St.</u>	

3. NAME OF DECEASED (Type or print) <u>Mrs. Io Dell Jones</u>			4. DATE OF DEATH Month <u>December</u> Day <u>6</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 9, 1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. State</u>		11. BIRTHPLACE (City and state or country) <u>Bloomfield, Mo.</u>	

13a. FATHER'S NAME <u>William Proffer</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Adkins</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin Jones</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-24-2639</u>		17. INFORMANT Address <u>Mrs. Frank McNew Jefferson City, 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>Generalized metastatic ca.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>ca of colon</u>			<u>3 yrs</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) <u>153 X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>7/29/57</u> to <u>12/5/57</u> and last saw her alive on <u>12/5/57</u> Death occurred at <u>8:40 P. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>12/6/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 9, 1957</u>		23c. NAME OF CEMETERY OR CREMATOR <u>New Puxico Cemetery</u>	
				23d. LOCATION (City, town, or county) <u>Puxico, Mo.</u>	

24. FUNERAL DIRECTOR <u>Doctor Buecher</u>		ADDRESS <u>Je Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7 Dec 1957</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 16 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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J. M.

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.