

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **149223**

FILED DEC 31 1957

Registration District No. **170** Primary Registration District No. **5638** Registrar's No. **212**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gasconade T.A.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Roby Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Creek Store		Length of stay in lb —	d. STREET ADDRESS (If outside, give location) Rural - Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle Sherman Last Jones			4. DATE OF DEATH Month Dec. Day 21 Year 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 7 1923
9. AGE (In years last birthday) 34		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw-mill operator	11. BIRTHPLACE (City and state or country) Falcon Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw-mill operator		10b. KIND OF BUSINESS OR INDUSTRY Timber	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Floyd Jones		13b. MOTHER'S MAIDEN NAME Jolia Dorris	
14. NAME OF HUSBAND OR WIFE Lillian Jones		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 498-36-2613		17. INFORMANT Mrs. C. S. Jones Address Roby Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound in head			INTERVAL BETWEEN ONSET AND DEATH 1mm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Suicide			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976 X			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
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.) Self-inflected shotgun wound.		
20c. TIME OF INJURY Hour 5:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Month, Day, Year 12/21/57			
20d. INJURY OCCURRED WHILE AT <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.) Grocery store	
20f. CITY, TOWN, OR LOCATION Gasconade T.S.		COUNTY Laclede	STATE Missouri
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 5.00 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Stanley B. Palmer, coroner (Degree or title)		22b. ADDRESS Lebanon Mo.	
22c. DATE SIGNED 12/22/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/26/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah	23d. LOCATION (City, town, or county). Texas Co. Mo.
24. FUNERAL DIRECTOR SB Palmer ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 12-23-1957	26. REGISTRAR'S SIGNATURE Hella L. Hay

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

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Received DEC 30 1957

Laclede County Health Unit
File No. 212

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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 Stanleigh R. Palmer

Licensed Embalmer No. 4810
P. O. Address Lebanon, Mo.

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.