

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

89635-57

190

FILED JAN 20 1958

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>NELSON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF INSTITUTION <u>MISSOURI HOSPITAL</u>		Length of stay in 1b <u>10 1/2 hours</u>	d. STREET ADDRESS (If outside, give location) <u>ROUTE 1</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>STEPHEN ALLEN JONES</u>			4. DATE OF DEATH Month Day Year <u>JANUARY 10, 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOVEMBER 10, 1957</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>2 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MARSHALL, MISSOURI</u>
13a. FATHER'S NAME <u>VERNON JONES</u>		13b. MOTHER'S MAIDEN NAME <u>VELMA HANLIN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</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>NONE</u>	17. INFORMANT Address <u>VERNON JONES, NELSON, MISSOURI</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>SCLEREMA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>
DUE TO (b) <u>DIARRHEA OF UNKNOWN CAUSE</u>			<u>11 DAYS</u>
DUE TO (c) <u>5710</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PNEUMONIA RIGHT UPPER LOBE OF UNKNOWN CAUSE</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <u>9 AM 1-10-58</u> to <u>7:30 PM 1-10-58</u> and last saw ^{her} _{him} alive on <u>1-10-58</u> Death occurred at <u>7:30 PM 1-10-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mary Bowen, M.D.</u>		22b. ADDRESS <u>University of Missouri Hospital</u>	
		22c. DATE SIGNED <u>1-10-58</u>	
23a. BURIAL, CREATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>1-12-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>	
24. FUNERAL DIRECTOR <u>J. Leslie Sweeney</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 11 1958</u>	
ADDRESS <u>Marshall Mo</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. Leslie Sweeney by Raymond*

Licensed Embalmer No. *3235*

P. O. Address *Marshall 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.