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RN-15686
FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

384

STATE FILE NUMBER 134

Registration District No. 43 Primary Registration District No. 3007 Registrar's No.

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL — Length of stay in 1b 7 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY HOWELL
c. CITY OR TOWN CAULFIELD 0460 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) ROUTE TWO — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: Ezra Middle: Mason Last: Jones
4. DATE OF DEATH Month: January Day: 12 Year: 1958
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH 11/11/82
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (City and state or country) HAYTI, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM MASON JONES
13b. MOTHER'S MAIDEN NAME FLORENCE YOUNG
14. NAME OF HUSBAND OR WIFE UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 499051700
17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) NEPHRITIS, CHRONIC, BILATERAL — INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) URETHREAL FISTULA INTO SCROTUM AND ABSCESS OF PERINEUM, SCROTUM AND LOWER ABDOMINAL WALL, CHRONIC. — UNKNOWN
~~DUE TO (c)~~
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 609X
19. WAS AUTOPSY PERFORMED? YES / YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] VA
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 Jan. 5, 1958, to Jan. 12, 1958
Death occurred at 9:00AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Lester Harwell, M.D. (Degree or title)
J. LESTER HARWELL, M. D.
22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED 1-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-14-58
23c. NAME OF CEMETERY OR CREMATORY City Cem. Vet. plot
23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR Frank-Cotrell ADDRESS Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG. 1/18/58
26. REGISTRAR'S SIGNATURE R. H. Menefree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED

JAN 20 1958
BUTLER CO. HEALTH CENTER

FILE No._____

APR 22 1958

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.