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FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **218**
Registrar's No. **58-3**

Registration District No. **93** Primary Registration District No. **5337**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pilgrim twp.		c. CITY OR TOWN Pilgrim twp. ²⁹⁰	
c. FULL NAME OF HOSPITAL OR INSTITUTION Rt #1 Everton		d. STREET ADDRESS Rt #1, Everton	
3. NAME OF DECEASED (Type or print) First Loren Middle Clifford Last Jones		4. DATE OF DEATH Month Jan. Day 6, Year 1958	
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 Jan 21, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer + Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Dade County, Mo.
13a. FATHER'S NAME Robert Jones		13b. MOTHER'S MAIDEN NAME Sirilla Wallace	14. NAME OF HUSBAND OR WIFE Amy 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. None	17. INFORMANT Address Mrs. Amy Jones; Rt. #1, Everton, 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) Coronary Thrombosis DUE TO (b) Coronary Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension, severe			INTERVAL BETWEEN ONSET AND DEATH 0 Unknown
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. _____ 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 Aug 1956 to Jan 6, 1958 and last saw him alive on Feb 6, 1957 Death occurred at 1:15 p. in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lee Anne Neelg MD		22b. ADDRESS Greenfield, Mo.	
22c. DATE SIGNED 1-8-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Jan. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY Liberty Cem.	23d. LOCATION (City, town, or county) (State) Dade County, Mo.
24. FUNERAL DIRECTOR J. C. Canada, Greenfield, Mo.		25. DATE RECD. BY LOCAL REG. 1-8-58	26. REGISTRAR'S SIGNATURE J. C. Canada

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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. C. Canada*.....

Licensed Embalmer No. *4196*.....
P. O. Address *Greenfield, N.H.*.....

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.