

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5460-58

4158

State File No.

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>338</u> | | PRIMARY REG. DIST. NO. <u>6154</u> | | Registrar's No. <u>4</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>STODDARD</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> | | d. STREET ADDRESS (If rural, give location) <u>RURAL RFD#1 SIKESTON, MO.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD#1 SIKESTON</u> | | | | d. STREET ADDRESS (If rural, give location) <u>RURAL RFD#1 SIKESTON, MO.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>ALBERT</u> | | b. (Middle) <u>CHARLES</u> | | c. (Last) <u>JONES</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29 1958</u> | | 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>COLORED</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | |
| 8. DATE OF BIRTH <u>JANUARY 2-1958</u> | | 9. AGE (In years last birthday) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>L.V. JONES</u> | |
| 13a. FATHER'S NAME <u>L.V. JONES</u> | | 13b. MOTHER'S MAIDEN NAME <u>BERTHA MAE HAMILTON</u> | | 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</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. | | 17. INFORMANT'S SIGNATURE OR NAME <u>L.V. JONES</u> | | ADDRESS <u>R.F.D#1 SIKESTON MO.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mal nutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>inability to take food.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>since birth</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7720</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>birth</u> , 19 <u>58</u> , to <u>death</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1/2</u> , 19 <u>58</u> , and that death occurred at <u>4:55 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L.V. Jones</u> | | | | 23b. ADDRESS <u>Oran, MO</u> | | 23c. DATE SIGNED <u>1/29/58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JAN 30 1958</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>McMULLIN CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>McMULLIN MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>Feb 1-58</u> | | REGISTRAR'S SIGNATURE <u>Miss George L. Parker</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Smith</u> | | ADDRESS <u>Oran Mo.</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

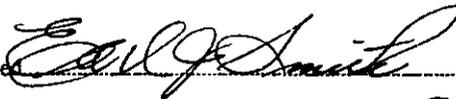
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Ocean 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 this body is not embalmed, fact should be so stated above.