

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004364
State File No.

FILED MAR 5 - 1958

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3002 Registrar's No. 37

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| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u> | | c. LENGTH OF STAY (in this place) <u>9 days</u> | c. CITY OR TOWN <u>Neosho</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Scroggins Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>Neosho, Mo. R#5 Box 311</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | b. (Middle) <u>Frank</u> | c. (Last) <u>Jones</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22 1958</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct-22-1886</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>4</u> | IF UNDER 12 HRS. Days <u>4</u> | Hours <u>4</u> | Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>James B. Jones</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Joy</u> | 14. NAME OF HUSBAND OR WIFE <u>Bessie M. Jones</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Bessie M. Jones</u> | ADDRESS <u>Neosho Mo. Rt 5. Box 311</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> | | 1 1/2 yrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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>331X</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 2-14 1958, to 2-22 1958, that I last saw the deceased alive on 2-20 1958, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Charles J. Moore D.O.</u> | 23b. ADDRESS <u>Prine City Mo</u> | 23c. DATE SIGNED <u>2-26-58</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-23-1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>McNatt Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>McDonald County Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-28-58</u> | REGISTRAR'S SIGNATURE <u>md P. N. Coak</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Morris</u> | ADDRESS <u>Prine City Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 358-46

DATE REC. 3-4-58

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 *James Kenyth Duncan*

Licensed Embalmer No. 476

P. O. Address Wheaton

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.