Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010899
STATE FILE NUMBER

FILED MAR 26 1958 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rear 405 E 5th. — Length of stay in 1b: 1 Yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot 082
c. CITY OR TOWN Caruthersville — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Rear 405 E 5th.St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First John — Middle Henry — Last Jones

4. DATE OF DEATH: Month March — Day 17 — Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: June 21, 1892
9. AGE (In years last birthday): 65.
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): Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY: Veneer Mill Box Factory
11. BIRTHPLACE (City and state or country): Dyer County, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam Jones
14. MOTHER'S MAIDEN NAME: Anna West

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 497 01 6802
17. INFORMANT: Roy Jones — Address: Box 505 Caruthersville,Mo.

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) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ 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 ☐
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 3/1/58, to 3/12/58 and last saw ~~her~~ him alive on 3/12/58
Death occurred at 3:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Warren R. McCoy (Degree or title) M.D.
22b. ADDRESS: Caruthersville Mo
22c. DATE SIGNED: 3/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 19,'58
23c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
23d. LOCATION (City, town, or county) (State): Caruthersville, Missouri

24. FUNERAL DIRECTOR — ADDRESS: H.S.Smith Funeral Home C'ville.Mo.
25. DATE REC'D. BY LOCAL REG.: 3-22-1958
26. REGISTRAR'S SIGNATURE: Fussie B. Welch

(Licensed Embalmer's Statement on Reverse Side)

3-87-58

MAR 25 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Denver Pike

Licensed Embalmer No. 448

P. O. Address Caruthersv
Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.