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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020998
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 603

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hosp. #2 — Length of stay in 1b: 11 mo. 26 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: DeKalb 0110 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R. R. #2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Charles Allen Middle: Last: Jones

4. DATE OF DEATH Month Day Year: June 7, 1958

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Oct. 3, 1877

9. AGE (In years last birthday): 80 — 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): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (City and state or country): DeKalb, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Peter A. Jones

13b. MOTHER'S MAIDEN NAME: Sarah Gartin

14. NAME OF HUSBAND OR WIFE: Eva L. Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Mrs. Charles A. Jones, R.R. #2, DeKalb, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	arteriosclerotic heart disease	10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	carcinoma of colon	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): 4200H

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 December 1957, to June 1958 and last saw ~~her~~ him alive on June 6, 1958. Death occurred at 9:50a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mohammad Yahya M.D. 0

22b. ADDRESS: State Hosp. #2, St. Joseph, Mo.

22c. DATE SIGNED: 6/7/1958

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 6/10/1958

23c. NAME OF CEMETERY OR CREMATORY: Sugar Creek Cemetery

23d. LOCATION (City, town, or county) (State): Rushville, Mo.

24. FUNERAL DIRECTOR: Heaton Bowman — ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: June 9, 1958

26. REGISTRAR'S SIGNATURE: Mrs. Clark Gordell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address St Joseph

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.