

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022379
STATE FILE NUMBER

FILED JUN 18 1958

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 95

5. 300
1-57
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hoop Life</u>		Length of stay in lb <u>1053 1/2</u> STREET ADDRESS <u>600 Harrison</u>	
3. NAME OF DECEASED (Type or print) First <u>Royella Jane</u> Middle <u>Jones</u> Last <u>Jones</u>		4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 7 1881</u>
9. AGE (In years at birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. FATHER'S NAME <u>John Deckard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laclede Co. Mo. U.S.A.</u>	
11. BIRTHPLACE (City and state or country) <u>Laclede Co. Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. MOTHER'S MAIDEN NAME <u>Nancy Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Ben</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Ben Jones</u>		Address <u>Lebanon, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage right</u> DUE TO (b) <u>with left Hemiplegia</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <u>Arteriosclerotic Heart Disease Decompensated</u>			INTERVAL BETWEEN ONSET AND DEATH <u>29 May</u> <u>4 days 8.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <u>12:35</u> Month, Day, Year <u>May 58</u> a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Lebanon, Mo.</u>		COUNTY <u>Mo.</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>26 May 58</u> to <u>3 June 58</u> and last saw her/him alive on <u>3 June 58</u> . Death occurred at <u>12:35 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul J. Suter, M.D.</u>		22b. ADDRESS <u>Lebanon, Mo.</u>	
22c. DATE SIGNED <u>6-5-1958</u>		23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>	
23b. DATE <u>6/5/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Lebanon, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Holman Funeral Home</u>		ADDRESS <u>Lebanon Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>6-5-1958</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. Ray</u>	

Received JUN 16 1958
Laclede County Health Unit
File No. 95
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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 Dorsey M. Howe.....

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.