

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022388

STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 170 Primary Registration District No. 362 Registrar's No. 163

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gasconade T.S.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Nebo</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nebo</b>		Length of stay in 1b <b>2 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>0530 Nebo</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MAUDA</b> Middle <b>AGNES</b> Last <b>JONES</b>			4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 11, 1895</b>
9. AGE (In years last birthday) <b>63</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (City and state or country) <b>Union County Iowa / U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William C Berry</b>	13b. MOTHER'S MAIDEN NAME <b>Lula M. Searle</b>
14. NAME OF HUSBAND OR WIFE <b>Arthur Jones</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT <b>Mrs. Patricia Norris, Nebo, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chronic myocarditis =</b> DUE TO (c) <b>myocardial insufficiency</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b> <b>12 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) <b>4201</b>			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 Month, Day, Year 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	COUNTY	STATE
21. I attended the deceased from <b>1948</b> to <b>6-23-58</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>4-28-58</b> Death occurred at <b>6:00 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B. B. Hurst, M.D.</b>		22b. ADDRESS <b>Lebanon, Mo.</b>	22c. DATE SIGNED <b>6-24-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/25/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Nebo Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Nebo, Mo.</b>
24. FUNERAL DIRECTOR <b>S. B. Palmer Lebanon Mo</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>6-24-1958</b>	26. REGISTRAR'S SIGNATURE <b>Allie L. Hays</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JUL 1 1958

Received JUN 30 1958  
Laclede County Health Unit  
File No. 103  
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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 S. R. Palmer .....

Licensed Embalmer No. 2208 .....

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.