

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024872  
State File No. ....

FILED JUL 25 1958

REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4090 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <i>Carter</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Carter</i>	
b. CITY OR TOWN <i>Hunter</i>	c. LENGTH OF STAY (in this place) <i>40 years</i>	c. CITY OR TOWN <i>Hunter</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Own Home</i>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Harry</i> b. (Middle) <i>Wilcox</i> c. (Last) <i>Jones</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 16 1958</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Apr 6 1858</i>
9. AGE (in years last birthday) <i>100</i>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	11. BIRTHPLACE (City and State or Foreign Country) <i>Ohio U.S.A.</i>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Road Construction Rail Road</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <i>Robert Jones</i>		11b. MOTHER'S MAIDEN NAME <i>Hellen Roxon</i>	
14. NAME OF HUSBAND/OR WIFE		17. INFORMANT'S SIGNATURE OR NAME <i>Mable M. Watson</i> ADDRESS <i>Hunter Mo</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>no</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Heart Failure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Natural Causes</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4341</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 20, 1958</i> , to <i>July 16, 1958</i> , that I last saw the deceased alive on <i>July 10, 1958</i> , and that death occurred at <i>4:00 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>S.S. Davis M.D.</i>		23b. ADDRESS <i>Poplar Bluff Mo</i>	
23c. DATE SIGNED <i>7-18-58</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7-18-58</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Highland</i>		24d. LOCATION (City, town, or county) (State) <i>Hunter Mo.</i>	
DATE REC'D BY LOCAL REG. <i>July 23-58</i>		REGISTRAR'S SIGNATURE <i>Mrs Octa Benson</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Seaton Pewitt</i>		ADDRESS <i>25 B. Mo</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JUL 24 1958

CARTER COUNTY  
HEALTH CENTER

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 *Seaton Perwith*.....

Licensed Embalmer No. *2287*.....

P. O. Address *Van Buren*.....

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.