

FILED OCT 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035706
STATE FILE NUMBER

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 490

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE, <u>Missouri</u> b. COUNTY, <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Lilbourn</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>		d. STREET (If outside, give location) ADDRESS <u>072</u>	
3. NAME OF DECEASED (Type or print) First <u>Orval</u> Middle <u>S.</u> Last <u>Jones</u>		4. DATE OF DEATH Month <u>October</u> Day <u>10</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 11 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dry Cleaner</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>46</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>29</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) <u>Canalou, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alva John Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Ester Mae Scott</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-32-5662</u>	
17. INFORMANT <u>Alva Jones-Parma, Mo.</u>		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) <u>Corboreal (Pouter) Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <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 <u>10-8-58</u> to <u>10-10-58</u> and last saw ^{her} _(him) alive on <u>10-10-58</u> Death occurred at <u>8:30</u> <u>P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charles F. Wilson M.D.</u> (Degree or title)		22b. ADDRESS <u>714 Broadway Cape Girardeau, Mo.</u>	
22c. DATE SIGNED <u>10-14-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-12-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>		23d. LOCATION (City, town, or county) (State) <u>Near Lilbourn, Mo.</u>	
24. FUNERAL DIRECTOR <u>Tonder Funeral Home</u>		ADDRESS <u>Lilbourn, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Oct. 17, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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8561 9 10N

OCT 22 1958

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 *Homer L. Ponder*

Licensed Embalmer No. *5367*

P. O. Address *Lilbourn, 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.