

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036904

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 86

S. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rock Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 21		Length of stay in lb 12 Yrs.	d. STREET ADDRESS (If outside, give location) R. R. Barnhart		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) John George Jones			4. DATE OF DEATH Month Sept. Day 22 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 25, 1883	9. AGE (In years) Last birthday 75 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Publishing Co.	11. BIRTHPLACE (City and state or country) Newby Yourkshire, Eng.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Joseph W. Jones		13b. MOTHER'S MAIDEN NAME Elizabeth Walker		14. NAME OF HUSBAND OR WIFE Hallie Nee Kallenbach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no none		16. SOCIAL SECURITY NO.	17. INFORMANT Hallie Jones R. R. Barnhart, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterio-sclerotic heart disease DUE TO (c) 4200					INTERVAL BETWEEN ONSET AND DEATH 9 days 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Trigeminal neuralgia					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.) 4200		
20c. TIME OF INJURY Hour 4 A.M. Month, Day, Year					
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 Jan. '58 to Sept. 22, '58 and last saw him alive on Sept. 20, '58 Death occurred at 4 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE George A. O'Sullivan, M.D.			22b. ADDRESS 76 29 1/2 Ivory Ave		22c. DATE SIGNED 9-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 24, 58	23c. NAME OF CEMETERY OR CREMATORY Burgess Cemetery		23d. LOCATION (City, town, or county) (State) Antonia, Mo.
24. FUNERAL DIRECTOR Heiligtag -- Imperial, Mo.			25. DATE RECD. BY LOCAL REG. 9-24-58		26. REGISTRAR'S SIGNATURE Robert E. Bauer

NOV 24 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 7 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 *Elmer H. Hightower*

Licensed Embalmer No. 3571

P. O. Address *Imperial M*

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.