

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037248

STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> (Institution)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Granby</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Granby</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Carter Rest Home</u>		Length of stay in lb <u>5 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>0730</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Ida</u>	Middle <u>Nelson</u>	Last <u>Jones</u>	Month <u>Nov.</u>	Day <u>6,</u>	Year <u>1958</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 19, 1866</u>	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Birthdays) <u>92</u>	Months	Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Kirkville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Edward N. Breedlove</u>	13b. MOTHER'S MAIDEN NAME <u>Marilla Moody</u>	14. NAME OF HUSBAND OR WIFE <u>Glk I. Jones</u>
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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>None</u>	17. INFORMANT <u>Mrs. Cornelia Hart Granby, Missouri</u>	Address
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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>Circulatory failure.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10-days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <u>Arterio-sclerotic heart disease.</u>	<u>over 1 yr.</u>
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>		19. WAS AUTOPSY PERFORMED? <u>2</u> 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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from <u>Aug 6, 1957</u> to <u>Nov. 6 1958</u> and last saw her alive on <u>Nov. 1, 1958</u> Death occurred at <u>5:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Charles O Chester D.O.</u>	22b. ADDRESS <u>GRANBY Mo.</u>	22c. DATE SIGNED <u>11-7-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-8-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Newtonia</u>	23d. LOCATION (City, town, or county) (State) <u>Newtonia, Missouri</u>
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24. FUNERAL DIRECTOR <u>Floyd E. Shewmake Jr.</u>	ADDRESS <u>Granby, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 11, 1958</u>	26. REGISTRAR'S SIGNATURE <u>M. B. Young</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-57

All diseases in Part I must be causally related.

PAID FILED NOV 18 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 *Floyd E Skowmaked*

Licensed Embalmer No. *4923*

P. O. Address *Box 55 Grandby 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.