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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-041758
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11482

1. PLACE OF DEATH
a. COUNTY None
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Inf. — Length of stay in 1b 34

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3800 Sullivan Ave. — Reside on Farm Yes ☐ No ☐ 109

3. NAME OF DECEASED (Type or print) First Thomas Middle Last JONES,

4. DATE OF DEATH Month Day Year November 27, 1958

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH Nov. 9, 1894
9. AGE (In years last birthday) 64 — 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) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Monsanto Chem.
11. BIRTHPLACE (City and state or country) Tuscaloosa, Ala. 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME King Jones
13b. MOTHER'S MAIDEN NAME Lillie Clark
14. NAME OF HUSBAND OR WIFE Annie Mae Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Address George Jones, 1717 Marcus Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: abdominal carcinomatosis
IMMEDIATE CAUSE (a) Abdominal Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) carcinoma of pancreas Carcinoma of Pancreas
DUE TO (c) 157X
INTERVAL BETWEEN ONSET AND DEATH: 2 or more years - ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 15-58, to Nov. 27 and last saw her/him alive on Nov. 27-58
Death occurred at 4 A.M. 4 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. N. Vaughn (Degree or title) A. N. Vaughn M.D.
22b. ADDRESS 11 N. Jefferson
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12/1/58
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.
23d. LOCATION (City, town, or county) (State) Berkeley City, Mo.

24. FUNERAL DIRECTOR ADDRESS Cunningham & Moore, 2405 Marcus
25. DATE RECD. BY LOCAL REG. NOV 29 '58
26. REGISTRAR'S SIGNATURE J Earl Smith - MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 John K. Cunningham

Licensed Embalmer No. 2405 Mar

P. O. Address #4476

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.