

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

78-043408

STATE FILE NUMBER

FILED JAN 8 1958

Registration District No.

43

Primary Registration District No.

Registrar's No.

722

5. 300 /
1-57

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Quilin, Mo.. Rt..		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Quilin, Mo. RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 8 Yrs	d. STREET ADDRESS (If outside, give location) 3 Miles W. Quilin.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ethel Middle L. Last Jones			4. DATE OF DEATH Month Dec. Day 9 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 20, 1879		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Tenn.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charlie Smith		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Dowl 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 Rt 1 Box 278 Mrs. Mrs. Ida Husketh, Quilin, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Carcinoma of Right Colon with Partial obstruction					INTERVAL BETWEEN ONSET AND DEATH ? months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					1530
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) myocardial failure					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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.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 12/6/58 to _____ and last saw her alive on 12/6/58 . Death occurred at Dec 9, 1958 10:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wallace A. Belsey M.D.			22b. ADDRESS Campbell, Mo.		22c. DATE SIGNED 12/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/10/58	23c. NAME OF CEMETERY OR CREMATORY Armour		23d. LOCATION (City, town, or county) (State) Near Bertrand, Mo.
24. FUNERAL DIRECTOR Mc Mickle		ADDRESS Charleston, Missouri		25. DATE RECD. BY LOCAL REG. 12/27/58	26. REGISTRAR'S SIGNATURE R. Huether

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

90

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 *Edmund McMurto* _____

Licensed Embalmer No. *4695* _____

P. O. Address *Charleston* _____

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.