

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044824

STATE FILE NUMBER

FILED JAN 7 1959 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 9

S. 300
1-57

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chillicothe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hosp.		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) Leeper Hotel
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR JOHN JONES			4. DATE OF DEATH Month Day Year 12 -27- 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-10-83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Corps of Engineers	9. AGE (In years last birthday) 75
13a. FATHER'S NAME Benjamin Jones		13b. MOTHER'S MAIDEN NAME Maria Jane Goff	11. BIRTHPLACE (City and state or country) Fithian, Illinois
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. unknown	12. CITIZEN OF WHAT COUNTRY? USA
17. INFORMANT Herbert Jones, Wheeling, Missouri		14. NAME OF HUSBAND OR WIFE Ada Bell	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Terminal Bronchial			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			5560
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Appendicitis Acute Operated Dec. 21-58			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Death occurred at Jan 1-54 , to 12-27-58 and last saw him alive on Dec. 26-58		530/A m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Joseph A. Conrad M.D.		22b. ADDRESS Chillicothe, Mo	22c. DATE SIGNED Dec 29-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-29-58	23c. NAME OF CEMETERY OR CREMATORY Wheeling Cemetery
24. FUNERAL DIRECTOR Brothers, Meadville, Missouri		23d. LOCATION (City, town, or county) (State) Wheeling, Missouri	25. DATE RECD. BY LOCAL REG. 12-29-58
26. REGISTRAR'S SIGNATURE Francis B. Neel			

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 *J. R. Knight*

Licensed Embalmer No. *4655*

P. O. Address *Maduella, 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.