

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045149
STATE FILE NUMBER

FILED DEC 17 1958 Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 227

300
1-57

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|---|---------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Phelps | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Arlington | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Rural Arlington | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last John Pern Jones | | | | 4. DATE OF DEATH Month Day Year 12 2 1958 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 4/7/1879 | | 9. AGE (In years last birthday) 79 | F UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer--Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and state or country) Dixon, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME John N. Jones | | | 13b. MOTHER'S MAIDEN NAME Mary Isabelle Churchill | | | 14. NAME OF HUSBAND OR WIFE X | |
| 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. None | | 17. INFORMANT Address Mr. Arundel Jones, Newbrug, 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) <i>Cardio-vascular-renal disease causing cerebral hemorrhage & acute pulmonary edema</i> DUE TO (b) <i>acute pulmonary edema</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma of prostate - primary - 442X#</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i> | |
| 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 <i>April 20, 55</i> to <i>Dec. 2, 58</i> and last saw her alive on <i>Dec. 2, 58</i> Death occurred at <i>8:20 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (In blue or title) <i>Richard E. Myers</i> | | | | 22b. ADDRESS <i>Newbrug, Mo</i> | | 22c. DATE SIGNED <i>Dec 7, 58</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 23b. DATE <i>12/5/1958</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Hale Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>Pulaski County, Missouri</i> | | |
| 24. FUNERAL DIRECTOR ADDRESS <i>Gilbert Funeral Home, Inc., Dixon, Mo.</i> | | | 25. DATE RECD. BY LOCAL REG. <i>Dec. 8, 1958</i> | | 26. REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i> | | |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Date Filed Dec 16, 1958

VS MAY 31 1960

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 Maurice E. Schurlau

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.