Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000746
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 93 Primary Registration District No. Registrar's No. 59-8

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN: Greenfield — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): E. College St. — Length of stay in Ib: 6 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dade
c. CITY OR TOWN: Greenfield 0290 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): E. College St — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Flora Middle: May Last: Jones

4. DATE OF DEATH: Month: Jan. Day: 30 Year: 1959

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐

8. DATE OF BIRTH: Oct. 28, 1892

9. AGE (In years last birthday): 66 — 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): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Dade County, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Marion Franklin Berry

13b. MOTHER'S MAIDEN NAME: Martha Jane Boyd

14. NAME OF HUSBAND ~~OR WIFE~~: Deceased James B. Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Thelma Guinn; Address: Greenfield, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): marked aortic regurgitation 4261

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 10-22-58, to 1/30/59 and last saw him alive on 12-22-58. Death occurred at 6:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Elmer W. Taylor MD.

22b. ADDRESS: 807 Main St. Lockwood, Mo.

22c. DATE SIGNED: 2/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 1, 1959

23c. NAME OF CEMETERY ~~OR CREMATORY~~: Pennsboro Cem.

23d. LOCATION (City, town, or county) (State): Pennsboro, Mo.

24. FUNERAL DIRECTOR / **ADDRESS**: J. C. Canada, Greenfield, Mo.

25. DATE RECD. BY LOCAL REG.: 2-1-1959

26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

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. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.