

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000798

STATE FILE NUMBER

FILED FEB 1 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 21

300
-57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u> (352)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>400 St. Francis</u>		d. STREET ADDRESS (If outside, give location) <u>400-St. Francis</u>	

3. NAME OF DECEASED (Type or print) First <u>Joley</u> Middle <u>(None)</u> Last <u>Jones</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>21</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 27-1874</u>		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>84</u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant - Retail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Green</u>		11. BIRTHPLACE (City and state or country) <u>Selma, Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James R. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Joley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ms. Louise King - Kennett, Mo</u>		Address	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia Secondary to Prostatic Hypertrophy & Ascending Pyelonephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>4 years</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH by or related to the terminal disease condition given in PART I (a) <u>610X</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	

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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>							

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 <u>Kennett</u>		COUNTY <u>Mo</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>Jan. 1959</u> to <u>January 21, 1959</u> and last saw him alive on <u>Jan 21, 1959</u> . Death occurred at <u>7:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>George J. Summers M.D.</u>					22b. ADDRESS <u>Kennett Mo</u>			22c. DATE SIGNED <u>1/23/59</u>	

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 23 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		23d. LOCATION (City, town, or county) <u>Kennett</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Paul Salzman - Kennett, Mo</u>			ADDRESS <u>Kennett, Mo</u>			DATE RECD. BY LOCAL REG. <u>Jan 26-1959</u>		26. REGISTRAR'S SIGNATURE <u>Paul Salzman</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MS AUG 4 1930

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 *E.P. Johnson*

Licensed Embalmer No. 2556

P. O. Address *Kenosha, W.*

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.