Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-001759
STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 15

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Carthage — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): McCune-Brooks Hospital — Length of stay in 1b: 12 yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Carthage 0453 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 418 Grant — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Floyd Middle: Carson Last: Jones

**4. DATE OF DEATH** Month Day Year: Jan. 13, 1959

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH**: Sept. 14, 1899

**9. AGE** (In years last birthday): 59 — 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): Tavern operator

**10b. KIND OF BUSINESS OR INDUSTRY**: tavern

**11. BIRTHPLACE** (City and state or country): Knoxville, Iowa

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Harry S. Jones

**13b. MOTHER'S MAIDEN NAME**: Myrtle Orr

**14. NAME OF HUSBAND OR WIFE**: Marie L. Jones

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: 490-10-6237

**17. INFORMANT**: Mrs. Marie Jones, Address: 418 Grant, Carthage, 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).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory Collapse & profound shock, cause not determined
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) 260X
DUE TO (c) Advanced Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes; Diabetic Gangrene; Old Cerebral Hemorrhage

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**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 10-18-54, to 1-13-59 and last saw her/him alive on 1-13-59
Death occurred at 11:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Grover L Patterson M.D.

**22b. ADDRESS**: Carthage, Mo.

**22c. DATE SIGNED**: 1-13-59

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

**23b. DATE**: 1-15-59

**23c. NAME OF CEMETERY OR CREMATORY**: Oak Hill Cemetery

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

**24. FUNERAL DIRECTOR** ADDRESS: Knell Mortuary, Carthage, Mo.

**25. DATE RECD. BY LOCAL REG.**: 1-15-59

**26. REGISTRAR'S SIGNATURE**: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1959

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.