Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002253
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 248 Primary Registration District No. 4369 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Newton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Seneca — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Seneca 0730 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b 6 mo.	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Sarah, Middle Hazel, Last Jones

4. DATE OF DEATH: Month Jan., Day 1, Year 1959

5. SEX: Fem

6. COLOR OR RACE: white

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

8. DATE OF BIRTH: Dec. 22, 1905

9. AGE (In years last birthday): 53 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (City and state or country): McDonald Co. Mo.

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

13a. FATHER'S NAME: James Andrew Jones

13b. MOTHER'S MAIDEN NAME: Emma Jane Carter

14. NAME OF HUSBAND OR WIFE: ----------

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.: None

17. INFORMANT: Mrs. Ashley Ball, Address Seneca, Mo.

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) Myocarditis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4222

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 Nov 1957, to Jan 1 1959 and last saw her/him alive on Jan. 1, 1959

Death occurred at 5:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M S Mendenhall DO. 2

22b. ADDRESS: Seneca Mo

22c. DATE SIGNED: 1/2/59

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

23b. DATE: Jan. 4, 1959

23c. NAME OF CEMETERY OR CREMATORY: Seneca Cemetery

23d. LOCATION (City, town, or county) (State): Seneca, Missouri

24. FUNERAL DIRECTOR: W E Biddlecome — ADDRESS: Seneca Mo

25. DATE RECD. BY LOCAL REG.: 1-5-1959

26. REGISTRAR'S SIGNATURE: Mrs. Irene Russell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.