Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003990
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Creve Coeur — Inside Limits Yes [*] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 11015 Ladue Rd. — Length of stay in Ib 3 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Creve Coeur 4410 0 — Inside Limits Yes [*] No [ ]
d. STREET ADDRESS (If outside, give location) 11015 Ladue Rd. — Reside on Farm Yes [ ] No [*]

3. NAME OF DECEASED (Type or print) First MRS. Middle MARY Last JANE JONES

4. DATE OF DEATH Month Jan. Day 12, Year 1959

5. SEX F. 1

6. COLOR OR RACE W.

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [*] 2 **DIVORCED** [ ]

8. DATE OF BIRTH June 22, 1872

9. AGE (In years last birthday) 86 — 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 Own Home

11. BIRTHPLACE (City and state or country) Streator, Illinois 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Ellwood

13b. MOTHER'S MAIDEN NAME Mary Greenough

14. NAME OF HUSBAND OR WIFE Phillip N. 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. None

17. INFORMANT Address Mrs. Alfred N. Laret 11015 Ladue Rd.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be issued. All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arterio-sclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH 2 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General arterio-sclerosis.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4 200

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 May 29, 1957, to Jan. 12, 1959 and last saw her alive on Jan. 9, 1959
Death occurred at Jan 12, 1959 6:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edwin P. Meiners (Degree or title) M.D.
22b. ADDRESS 6657 Enright ave.
22c. DATE SIGNED 1-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal rail
23b. DATE 1/13/1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
23d. LOCATION (City, town, or county) (State) Pittsburg, Kansas

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. 1-13-59
26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. P. Meiners
6651 Enright Ave.
Pa. 1-5042
Tuesday 1 PM TO 3 P.M.

VS OCT 13 [illegible]

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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Pelma

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.