THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004076
STATE FILE NUMBER

REC JAN 12 1959 Registration District No. 324 Primary Registration District No. ____ Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 878 S Odell — Length of stay in Ib Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall c992 c — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 878 S Odell — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First HOWARD Middle DAVID Last JONES
4. DATE OF DEATH Month Jan. Day 7, Year 1959
5. SEX Male c
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 4, 1915
9. AGE (In years last birthday) 43 — 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) Insurance
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (City and state or country) Marshall, Missouri c
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Floyd Jones
14. MOTHER'S MAIDEN NAME Beulah Huff Jones
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 495105035
17. INFORMANT Mrs. Howard Jones 878 S Odell — Address Marshall, 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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 1 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES X NO ☐

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 July 1958, to 7 January 1959 and last saw ~~not~~ him alive on 7 Jan. 1959
Death occurred at 9:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert W Blakely (Degree or title) MD c
22b. ADDRESS 370 S Odell Marshall, Mo
22c. DATE SIGNED 1-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-9-1959
23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery
23d. LOCATION (City, town, or county) Marshall, Missouri (State)

24. FUNERAL DIRECTOR Sweeney-Rose ADDRESS Marshall, Mo
25. DATE RECD. BY LOCAL REG. 1-9-59
26. REGISTRAR'S SIGNATURE Cecil L. Read

(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 wa

by me, or by ....., Student Embalmer No..

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address Mass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITIN
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.