

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004665

STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 84

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1. PLACE OF DEATH a. COUNTY <u>BUTLER.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>DUNKLIN.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MALDEN</u> <u>0350</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		Length of stay in 1b <u>6 days</u>	d. STREET ADDRESS (If outside, give location) <u>501.5 BECKWITH.</u>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>M.</u> Last <u>JONES.</u>			4. DATE OF DEATH Month <u>2</u> - Day <u>13</u> - Year <u>59</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-25-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	9. AGE (In years last birthday) <u>67.</u>
11. BIRTHPLACE (City and state or country) <u>SARDIS TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ABE JONES.</u>		13b. MOTHER'S MAIDEN NAME <u>FANNIE BOLDEN.</u>	14. NAME OF HUSBAND OR WIFE <u>DORA J JONES.</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>DORA JONES.</u> Address <u>501.5 BECKWITH MALDEN</u>
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>Chronic Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral compensation</u> DUE TO (c) <u>Myo-cardiata</u>			INTERVAL BETWEEN ONSET AND DEATH <u>42 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4222</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>11:25 AM</u> Month, Day, Year <u>2-13-59</u>			
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
21. I attended the deceased from <u>2-7-59</u> , to <u>2-13-59</u> and last saw her alive on <u>2-13-59</u> Death occurred at <u>11:25 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Samuel S. Davis</u>		22b. ADDRESS <u>217 Oak St. Poplar Bluff, Mo.</u>	22c. DATE SIGNED <u>2-16-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 15-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK.</u>	23d. LOCATION (City, town, or county) (State) <u>MALDEN. MO.</u>
24. FUNERAL DIRECTOR <u>DAY &amp; NIGHT, F.H.</u>		25. DATE RECD BY LOCAL REG. <u>2/21/59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED  
FEB 25 1959

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 *J. J. Schuman*

Licensed Embalmer No. *4086*

P. O. Address *Minden*

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.