

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006276

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 178

Primary Registration District No.

Registrar's No. 17

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LaGrange</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>LaGrange</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>No street address</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Belle</b> Last <b>Jones</b>			4. DATE OF DEATH Month <b>20</b> Year <b>1959</b> <b>February 20, 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 5, 1862</b>	9. AGE (In years, last birthday) <b>96</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>16</b> Hours <b>15</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lewis County, Mo.,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>Sheldon Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Kezzie Jeffries</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. Leona Rice LaGrange, Mo.,</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HYPERTENSIVE HEART DISEASE</b>					INTERVAL BETWEEN ONSET AND DEATH
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)					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.) <b>443X</b>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
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 <b>June 20, 1958</b> to <b>FEB 20, 1959</b> and last saw her alive on <b>FEB 8, 1959</b> Death occurred at <b>539 ADA</b> in on the days stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>M. J. Ellen MD</b> (Degree or title)			22b. ADDRESS <b>LaGrange MO</b>		22c. DATE SIGNED <b>2/21/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 22, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>LaGrange, Mo.,</b>		
24. FUNERAL DIRECTOR <b>J. Kenneth Bailey</b>		ADDRESS <b>LaGrange, Mo.,</b>	25. DATE RECD. BY LOCAL REG. <b>3-2-59</b>	26. REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. Kenneth Bailey* .....

Licensed Embalmer No. *4248* .....

P. O. Address *St. Mary's, Md.* .....

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.