

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016642

STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Mexico		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Coil Apartments		Length of stay in 1b Years	STREET ADDRESS (If outside, give location) Coil Apartments		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First J Middle Frank Last Jolley			4. DATE OF DEATH Month May Day 24 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 7, 1888	9. AGE (In years from birthday) 71	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician M. D.		10b. KIND OF BUSINESS OR INDUSTRY Medical	11. BIRTHPLACE (City and state or country) Topeka, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME E. B. Jolley		13b. MOTHER'S MAIDEN NAME Mattie Alexander		14. NAME OF HUSBAND OR WIFE Leola York Jolley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If ever in war or dates of service) Yes WW1		16. SOCIAL SECURITY NO. 4201	17. INFORMANT Address Mrs. George Hawkins Webster Groves, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH Suddenly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Coronary arteriosclerosis					7 years
DUE TO (c) Hypertensive Cardio vascular disease					7 years
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 <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 3:15 a.m. PM Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <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 Oct 1952 to May 24-59 and last saw him alive on May 24-59 . Death occurred at 3:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. O. Jolley M.D.			22b. ADDRESS Mexico, Mo.		22c. DATE SIGNED 5-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-27-59	23c. NAME OF CEMETERY OR CREMATORY Elmwood		23d. LOCATION (City, town, or county) (State) Mexico, Mo.	
24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo.			25. DATE RECD. BY LOCAL REG. MAY 27-1959	26. REGISTRAR'S SIGNATURE Blanche Neely	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 10/20/2010 BY SP4 BTM/STW

REC 8 3 MOP

DEC 10 1959

JUL 28 1959

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 *Ray Miller*

Licensed Embalmer No. *4492*
P. O. Address *Medford*

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.