

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018462

FILED MAY 19 1959

Registration District No. 211 Primary Registration District No. 4324 STATE FILE NUMBER Registrar's No. 19-59

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-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brumley	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Brumley	Inside Limits, Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 0660	d. STREET ADDRESS (If outside, give location) 0

3. NAME OF DECEASED (Type or print) First William Middle Jones Last Jones			4. DATE OF DEATH Month May Day 8 Year 1959
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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 Mar 1, 1878	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lockman	10b. KIND OF BUSINESS OR INDUSTRY electric dam	11. BIRTHPLACE (City and state or country) Edmondson Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William H. Jones	13b. MOTHER'S MAIDEN NAME Nancy Long	14. NAME OF HUSBAND OR WIFE Dora Ollie Sullivan
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Dora Jones Brumley Address Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary disease	
	DUE TO (c) Arteriosclerosis & hypertension	
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.)
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20c. TIME OF INJURY Hour 12:30 a.m. P.M. Month, Day, Year 1954	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 Eldon, Mo.	COUNTY	STATE
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21. I attended the deceased from Death occurred at 12:30 P.M. 1954 to May 8 1959 and last saw her alive on May 6 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. O. Shelton MD (Degree or title)	22b. ADDRESS Eldon, Mo.	22c. DATE SIGNED May 11 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/10/59	23c. NAME OF CEMETERY OR CREMATORY Gott Cemetery	23d. LOCATION (City, town, or county) Ulman, Mo	(State)
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24. FUNERAL DIRECTOR Edgar W. H. Jones ADDRESS Paris, Mo	25. DATE RECD. BY LOCAL REG. May 12, 1959	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 20 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 *Walter P. Hedger*

Licensed Embalmer No. *4265*
P. O. Address *Berlin, Mo.*

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.