

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020909

FILED JUN 23 1959 Registration District No. 113 - Primary Registration District No. 5420 STATE FILE NUMBER 705 Registrar's No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Clair Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Central Twp.		Length of stay in 1b 036	d. STREET ADDRESS (If outside, give location) Central Twp. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mamie E. Jones			4. DATE OF DEATH Month Day Year About June 11, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 18, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - retired		10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (City and state or country) St. Clair, Mo.
13a. FATHER'S NAME William A. Jones		13b. MOTHER'S MAIDEN NAME Jeffie Moseley	14. NAME OF HUSBAND OR WIFE Not married
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-01-3922	17. INFORMANT Address Lee Hawkins St. Clair, 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) Pushed dead DUE TO (b) Arteriosclerotic cardiovascular disease - died unattended DUE TO (c) about one week before recovery			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
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 a.m. p.m. Month, Day, Year		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at About 6/11/59 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ed Stumbeck MD		22b. ADDRESS Parsons Union Mo	22c. DATE SIGNED 6/11/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 18, 1959	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery
24. FUNERAL DIRECTOR Casey-Lenox		25. DATE RECD. BY LOCAL REG. 6/18/59	26. REGISTRAR'S SIGNATURE Charley Smith
23d. LOCATION (City, town, or county) (State) St. Clair, Mo.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

116

1950 28 127

NOT EMBALMED

VS JUL 7 1950

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed H. M. Leroy
Licensed Embalmer No. 3601
P. O. Address H. Leroy

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.