# DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-021090
STATE FILE NUMBER

FILED JUL 13 1959 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany
Length of stay in 1b 28 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Main Street
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Bethany
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) West Main Street
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Herbert Middle Percival Last Jones
4. DATE OF DEATH Month July Day 8 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-17-1875
9. AGE (last birthday) 83
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elementary Teacher "ret"
10b. KIND OF BUSINESS OR INDUSTRY Public Schools
11. BIRTHPLACE (City and state or country) London, England
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Thomas H. Jones
13b. MOTHER'S MAIDEN NAME Amelia Pomley
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Harry Jones Address Ridgeway, Missouri

MEDICAL CERTIFICATION

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 2 or 3 mins
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ____, to ____ and last saw her/him alive on ____
Death occurred at probably around 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ernest L. Wood (Degree or title) (CORONER) M.D.
22b. ADDRESS Bethany Missouri
22c. DATE SIGNED 7-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-10-59
23c. NAME OF CEMETERY OR CREMATORY Eagleville Masonic Cemetery
23d. LOCATION (City, town, or county) (State) Eagleville Missouri

24. FUNERAL DIRECTOR W. George Noble ADDRESS Bethany Mo
25. DATE RECD. BY LOCAL REG. 7-10-1959
26. REGISTRAR'S SIGNATURE Zella Mayes

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William George Noble

Signature of Student Embalmer

Licensed Embalmer No. 4987

P. O. Address Bethany, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.