

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022030

STATE FILE NUMBER

FILED JUL 14 1959 Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Higginville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Napoleon</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Schekker Rest Home</b>				Length of stay in 1b <b>19 days</b>		d. STREET ADDRESS (If outside, give location) <b>Rural</b>	
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>G</b> Last <b>JONES</b>				4. DATE OF DEATH Month <b>June</b> Day <b>30</b> Year <b>1959</b>			
5. SEX <b>Male</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>April 1, 1875</b>		9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>1</b> Hours <b>1</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Street Car Conductor</b>		11. BIRTHPLACE (City and state or country) <b>Cook Co. Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Campbell Jones</b>				14. MOTHER'S MAIDEN NAME <b>Lula Grove</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>Mr. Forrest Strodtman</b> Address <b>Napoleon, 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>CVA</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>331X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Chronic osteomyelitis left tibia since 1900 after injury</b>						INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>Several yrs.</b>	
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 <b>1:29</b> Month, Day, Year <b>June 10, 1959</b> a. m. <b>P.M.</b> 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 10, 1959</b> to <b>June 30, 1959</b> and last saw him alive on <b>6-24-59</b> Death occurred at <b>1:29 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W.E. Fulcheron M.D.</b>				22b. ADDRESS <b>Higginville Mo.</b>		22c. DATE SIGNED <b>6-30-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/2/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Arnold Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Wellington, Missouri</b>		
24. FUNERAL DIRECTOR <b>J. C. Sheppard</b> ADDRESS <b>Wellington, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>July 8, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Lutie Gordon Jordan</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

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. Blair Sheppard*.....  
Licensed Embalmer No. *41*.....

P. O. Address *Wellington*.....

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