

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 11 1959

59-025820

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Belle		c. CITY OR TOWN La Belle	
Length of stay in 1b 10 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Clyde Forest Jones			4. DATE OF DEATH Month Day Year August 3, 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 11/10/1886	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min. 8 23	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Adams County, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jobe Jones	13b. MOTHER'S MAIDEN NAME Mary Lencor	14. NAME OF HUSBAND OR WIFE Eva Katzell
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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. 355-01-9552	17. INFORMANT Mrs. Clyde Jones	Address LA Belle, 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) Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 19 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) High blood pressure	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year
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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
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21. I attended the deceased from **Feb. 10, 1953** to **Aug. 3, 1959** and last saw him alive on **August 2, 1959**
 Death occurred at **11:15** **A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Harry L. Brocken</i> (Degree or title) D.O.	22b. ADDRESS La Belle, Mo.	22c. DATE SIGNED 8/5/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/5/1959	23c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery	23d. LOCATION (City, town, or county) (State) La Belle, Missouri
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24. FUNERAL DIRECTOR J. A. Coder Jr.	ADDRESS La Belle, Missouri	25. DATE RECD. BY LOCAL REG. 8-6-'59	26. REGISTRAR'S SIGNATURE <i>Mrs. Henry Lloyd</i>
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DOCUMENT

MEDICAL CERTIFICATION

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 by
or by myself Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. A. [Signature]
Licensed Embalmer No. 4328

P. O. Address Labell,

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.