

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026075

FILED VS AUG 10 1959

Registration District No. 27

Primary Registration District No.

Registrar's No. 190

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Providence</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Providence</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Clearmont</i>		c. CITY OR TOWN <i>Quinton</i>	
c. FULL NAME OF (If NOT in hospital, give location) <i>Waller Nursing Home</i>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <i>ED</i> Middle <i>(None)</i> Last <i>Jones</i>		4. DATE OF DEATH Month <i>Aug</i> Day <i>6</i> Year <i>1959</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Wh</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>JULY 3, 1880</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm Laborer</i>	11. BIRTHPLACE (City and state or country) <i>Tulsa, Ok</i>
13a. FATHER'S NAME <i>Miles Jones</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Wardling</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>496-03-5649</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebro-vascular occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>few days</i>	
DUE TO (b) <i>Cerebral Arteriosclerosis</i>		<i>Yrs</i>	
DUE TO (c) <i>Diabetes Mellitus</i>		<i>Yrs.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senility</i>		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.)	
20c. TIME OF INJURY Hour <i>6:00</i> a.m. 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 <i>Dec 5-1956</i> to <i>Aug. 6-59</i> and last saw <i>her</i> alive on <i>July 22-1959</i> . Death occurred at <i>6:00</i> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Harriet Ford M.D.</i> (Degree or title)		22b. ADDRESS <i>Quinton Mo</i>	22c. DATE SIGNED <i>Aug 7-59</i>
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-8-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ohio Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Burlington, Mo</i>
24. FUNERAL DIRECTOR <i>John Ruel, Jr. Mo</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>8-7-59</i>	26. REGISTRAR'S SIGNATURE <i>Bess Holt</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Student _____
Signature of Student Embalmer

Signed J. Mann

Licensed Embalmer No. 2968

P. O. Address Kurl Jct

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.