

**R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS JUL 21 1959**

**59-027903**  
 STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 152

DED

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Vernon</b>				a. STATE <b>Missouri</b>		b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b>		Length of stay in 1b <b>60 yrs.</b>		c. CITY OR TOWN <b>Nevada, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Manlove Nursing Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>528 West Ashland St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Lizzie</b> Middle <b>May</b> Last <b>Jones</b>				<b>4. DATE OF DEATH</b> Month <b>July</b> Day <b>13</b> Year <b>1959</b>			
5. SEX <b>Female</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>2-11-1876</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>2</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Burbon County Ky.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James T. Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Lloyd</b>		14. NAME OF HUSBAND OR WIFE <b>Never Married</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 Address <b>528 W-Ashland</b> <b>Mrs. Loyd Harper, Neice, Nevada, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
IMMEDIATE CAUSE (a) <b>Generalized Arteriosclerosis</b>			DUE TO (b)				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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 checked="" 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 <b></b> a.m. <b></b> p.m. <b></b>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from <b>Nov 1946</b> to <b>July 13, 1959</b> and last saw her <sup>her</sup> alive on <b>July 13, 1959</b> Death occurred at <b>9:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>Loyd Harper MD</b> (Degree or title)			22b. ADDRESS <b>Nevada Mo</b>			22c. DATE SIGNED <b>7/15/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-15-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Nevada, Vernon, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Hays Funeral Service, Inc. Nevada, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>7-16-1959</b>	26. REGISTRAR'S SIGNATURE <b>Anna E. Gerry</b>			

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard L. Lipp

Licensed Embalmer No. 5053

P. O. Address Wheat

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