RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 24 1959

59-031818
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 255

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City, Mo
Length of stay in 1b: 50 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home- 1215 Elmerine Ave
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City, MO
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1215 Elmerine Ave
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First James Middle Henry Last Jones
4. DATE OF DEATH: Month Sept Day 15 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Mar 19 1873
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months ~~Days~~ 527
IF UNDER 24 HR: Hours 27 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civel Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Survay Work
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Washington R. Jones
13b. MOTHER'S MAIDEN NAME: Eliza Musick
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Hadley K. Irwin Address: Jefferson City Mo.

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): Laundity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Probably Cardia
DUE TO (c): Ph. Dead when seen
INTERVAL BETWEEN ONSET AND DEATH: ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Ten Family Death Many yr ago
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

BY AFFIDAVIT OF

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at Jefferson 9/15/59 at the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: R. P. Harris (Degree or title)
22b. ADDRESS: Jefferson City Mo
22c. DATE SIGNED: 9/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/17/59
23c. NAME OF CEMETERY OR CREMATORY: River View Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson City. Mo
24. FUNERAL DIRECTOR ADDRESS: Boulin Funeral Home - California, Mo.
25. DATE RECD. BY LOCAL REG.: 16 September 1959
26. REGISTRAR'S SIGNATURE: R. P. Harris, MD Registrar Dep.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Jack H Bowlin

Signature of Student Embalmer

Licensed Embalmer No. 4933

P. O. Address California, C

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