

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040762

FILED VS. DEC. 8 1959

Registration District No. 70 Primary Registration District No. 3033 Registrar's No. 186

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Laclede											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Length of stay in 1b 2 Weeks		c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 223 Grand Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) ELMER First I Middle JONES Last				4. DATE OF DEATH Nov. 30, 1959 Month Nov. Day 30, Year 1959											
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 2-1-85		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Laclede County Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY							
13a. FATHER'S NAME John H. Jones				13b. MOTHER'S MAIDEN NAME Phrone A. Garrett				14. NAME OF HUSBAND OR WIFE Stella M. Jones							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. 499-05-0775		17. INFORMANT Mrs. Stella M. Jones, Lebanon, Mo. Address									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cystitis, Chronic DUE TO (b) Hypertrophy prostate DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 2 y/6					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinsonism - Senility										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 _____ a.m. _____ p.m. Month, Day, Year _____		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 11/14/59 to 11/30/59 and last saw her alive on 11/30/59 Death occurred at 9:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE J. H. Johnson (Degree or title) MD						22b. ADDRESS Lebanon Mo						22c. DATE SIGNED 12-1-59 (State)			
23. BURIAL, CREMATION, REINTERMENT (Specify) Burial		23b. DATE 12-2-59		23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery				23d. LOCATION (City, town, or county) Lebanon, Mo. (State)							
24. FUNERAL DIRECTOR J. B. Palmer Jr. Lebanon, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 12-2-1959				26. REGISTRAR'S SIGNATURE Helle L. Day							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanleigh B. Palmer

Licensed Embalmer No. 4810

P. O. Address Lehannon, Pa.

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.