

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS. JAN 2 1960 69

Primary Registration District No. 5273 Registrar's No. 18

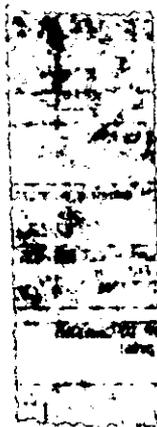
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Christian</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Christian</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Porter Township</i>		Length of stay in lb <i>33 years</i>		c. CITY OR TOWN <i>Nixa, Route #1</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>5 miles Southwest</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Lorena</i> Middle <i>Wymetta</i> Last <i>Jones</i>			4. DATE OF DEATH Month <i>December</i> Day <i>26</i> Year <i>1959</i>						
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Sept. 18, 1907</i>	9. AGE (last birthday) <i>52</i>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <i>Hurley, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		
13a. FATHER'S NAME <i>Zack Hayes</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Middleton</i>			14. NAME OF HUSBAND OR WIFE <i>James Homer Jones</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>UNKNOWN</i>		17. INFORMANT Address <i>Homer Jones, Route #1, Nixa, Missouri</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>Circulatory Failure</i>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Subacute Bacterial Endocarditis</i>					DUE TO (c) <i>Congenital Heart Disease</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <i>1/20/59</i> to <i>12/25/59</i> and last saw her/him alive on <i>12/25/59</i> Death occurred at <i>8:30</i> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Wm. P. McConnell DO.</i>				22b. ADDRESS <i>C. York Mo</i>				22c. DATE SIGNED <i>12/29/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12/29/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>McConnell Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Nixa, Missouri</i>				
24. FUNERAL DIRECTOR <i>J. Dean Harris,</i>			ADDRESS <i>Clever, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 2, 1960</i>		26. REGISTRAR'S SIGNATURE <i>E. L. Hutter</i>		

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 J. Mean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

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.