

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 18 1959 75

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 6288 Registrar's No. 29

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY WRIGHT	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION TWP.	a. STATE MO.	b. COUNTY WRIGHT
Length of stay in 1b 60YRS		c. CITY OR TOWN GROVE SPRING	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 MI. NO.		d. STREET ADDRESS 8MI. No.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
LEWIS SAMUEL JONES			8-12-1959		
5. SEX M	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 5 Days 24 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) WRIGHT CO. MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME TOLLIVER JONES		13b. MOTHER'S MAIDEN NAME PHOEBE SMITH	14. NAME OF HUSBAND OR WIFE DECEASED		
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. NONE	17. INFORMANT Address CATERINE LONG GROVE SPRING, MO.		

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
IMMEDIATE CAUSE (a)	Angina Lata Wood for 3 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Senility	
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 7-20-59		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 for last 6 months and last saw her alive on 8-1-59 Death occurred at 8-12-59 m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE John Lindsay MD (Name or title)	22b. ADDRESS Conway Mo 62857	22c. DATE SIGNED 8-28-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-11-59	23c. NAME OF CEMETERY OR CREMATORY CUBA CEMETERY
24. FUNERAL DIRECTOR JOHN S. SIMPSON HARTVILLE, MO. ADDRESS		25. DATE RECD. BY LOCAL REG. Sept. 9, 1959
26. REGISTRAR'S SIGNATURE Bonnie J. Jones.		

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

Student _____
Signature of Student Embalmer

Signed *R. W. Barber*

Licensed Embalmer No. 3848

P. O. Address *W. H. Jones*

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.