

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002946

FILED VS. FEB 15 1960 390

Registration District No. Primary Registration District No. 6041 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higbee Mo Moniteau		Length of stay in 1b 81		c. CITY OR TOWN Higbee Mo Moniteau		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First George Middle R. Last Jones				4. DATE OF DEATH Month Feb Day 6 Year 1960					
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 8-29-1868		9. AGE (last birthday) 91	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farmer			11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME John Jones			13b. MOTHER'S MAIDEN NAME Dont Know			14. NAME OF HUSBAND OR WIFE Mattie Clemmon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 498-40-2237		17. INFORMANT Mrs George Jones			Address Higbee Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Transition and Debilitation DUE TO (b) Carcinomatosis DUE TO (c) Primary Carcinoma of Sigmoid Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 2 wks unkn unkn	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 8-17-59 to 2-6-60 and last saw him alive on 2-6-60 Death occurred at 3:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Per J. Burdison M.D.		22b. ADDRESS Higbee		22c. DATE SIGNED 2-8-60	
23a. BURIAL CREMATION REMOVAL (Specify) Burial		23b. DATE Feb 7 1960		23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) Higbee		STATE Mo	
24. FUNERAL DIRECTOR Burton Funeral Home				ADDRESS Higbee Mo		25. DATE RECD. BY LOCAL REG. 2-8-1960		26. REGISTRAR'S SIGNATURE JOE W. BURTON	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 10 196

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 John A. Lincoln

Licensed Embalmer No. 3815

P. O. Address W. S. ...

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.