

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 26 1960

-60-004772

INDEXED

Registration District No. 338 Primary Registration District No. 6184 Registrar's No. 4 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Stoddard</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richland Twp.</b>		Length of stay in 1b <b>2 weeks</b>		c. CITY OR TOWN <b>Essex</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Essex, Mo. R. 1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <b>R. 1</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Janice Lee Jones</b>				4. DATE OF DEATH Month <b>January</b> Day <b>19</b> Year <b>1960</b>			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-4-57</b>	
9. AGE (last birthday) <b>2</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child.</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Fulton, Ky.</b>				12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>James L. Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Willie Gore</b>			14. NAME OF HUSBAND OR WIFE <b>child</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO.		17. INFORMATION Address <b>James L. Jones Essex, Mo. R. 1</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia and burns of entire body</b>							INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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.) <b>Coal stove exploded and burned house down.</b>			
20c. TIME OF INJURY Hour <b>1:20</b> <input checked="" type="checkbox"/> P.M. Month, Day, Year <b>1-19-60</b>							
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.) <b>home</b>		20f. CITY, TOWN, OR LOCATION <b>Essex, Mo. R. 1</b>		COUNTY STATE <b>Stoddard Co., Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her <sup>him</sup> alive on _____ Death occurred at <b>1:20</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Marsh Withers</i> <b>Coroner</b>				22b. ADDRESS <b>Dexter, Missouri</b>		22c. DATE SIGNED <b>1-19-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>1-19-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Taylor cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Columbus, Ky.</b>	
24. FUNERAL DIRECTOR <b>Watkins &amp; Sons</b>			ADDRESS <b>Morehouse, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-21-60</b>		26. REGISTRAR'S SIGNATURE <i>Mrs. George L. Baker</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**  
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_ *Was Not Embalmed* \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.  
working under my personal supervision.

Student \_\_\_\_\_  
Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_  
Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_  
P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con-  
with the above constitutes grounds for revocation of license).  
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.  
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