MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 29 1960

60-009849
STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. 5111 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Liberty — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Bollinger
c. CITY OR TOWN: Lutesville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 6 mi. w. Lutesville — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: JULIE Middle: EMALINE Last: JONES

4. DATE OF DEATH: Month 3 Day 20 Year 60

5. SEX: FM. **6. COLOR OR RACE**: W **7. Married** ☒ Never Married ☐ Widowed ☐ Divorced ☐ **8. DATE OF BIRTH**: 2-11-80 **9. AGE** (last birthday): 80 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): house
10b. KIND OF BUSINESS OR INDUSTRY: farm home
11. BIRTHPLACE (City and state or country): Bollinger County
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Anthony Shell
13b. MOTHER'S MAIDEN NAME: Adeline Crites
14. NAME OF HUSBAND OR WIFE: J. F. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: J. F. Jones Rt 3 Address: Lutesville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Mitral Stenosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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 ☐ NOT WHILE AT WORK ☐
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 2/4/45 to 3/20/60 and last saw her/him alive on 3/18/60
Death occurred at 9:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John J. Myers MD (Degree or title)
22b. ADDRESS: Lutesville Mo
22c. DATE SIGNED: 3/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3-22-60
23c. NAME OF CEMETERY OR CREMATORY: Baker Cem.
23d. LOCATION (City, town, or county) (State): Lutesville, Mo

24. FUNERAL DIRECTOR: Gene Ward **ADDRESS**: Lutesville Mo
25. DATE RECD. BY LOCAL REG.: 3/28/60
26. REGISTRAR'S SIGNATURE: Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 Kenneth Tiley

Licensed Embalmer No. 5086

P. O. Address Tuttle

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).

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.