DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-009976
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 381

NDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 40 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5507 King Hill Avenue — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 220 So. 12th Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: DEWEY Middle: EVAN Last: JONES
4. DATE OF DEATH Month: March Day: 21 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/23/1897
9. AGE (last birthday): 62 — 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): Chef
10b. KIND OF BUSINESS OR INDUSTRY: Resturant
11. BIRTHPLACE (City and state or country): New Cambria, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William A. Jones
13b. MOTHER'S MAIDEN NAME: Katherine Williams
14. NAME OF ~~HUSBAND OR~~ WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Evan Dewey Jones, St. Joseph, Missouri — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Natural Causes - Unattended Death -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Investigated by City Health Dept.
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)

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 ____ to ____ and last saw ~~HE~~ him alive on ____
Death occurred at 11:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE City Health Officer Robert W. Kieber, M.D.
22b. ADDRESS St. Joseph, Mo
22c. DATE SIGNED 3-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/23/1960
23c. NAME OF CEMETERY OR CREMATORY: New Cambria Cemetery
23d. LOCATION (City, town, or county) (State): New Cambria, Missouri

24. FUNERAL DIRECTOR: Stamey Funeral Home (GAS) — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 25, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Randell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert W. Kieber

STATEMENT BY LICENSED EMBALMER

APR 13 198

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.