JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010373
STATE FILE NUMBER

FILED VS. MAR 28 1960 82 Registrar's District No. Primary Registration District No. 3017 Registrar's No. 64

ENDED

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville — Length of stay in 1b 13 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Messinger Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cooper
c. CITY OR TOWN Blackwater — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5 miles N of Pilot Grove — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First RYLIE Middle Last JONES
4. DATE OF DEATH Month March Day 23 Year 1960
5. SEX Fe
6. COLOR OR RACE wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH June 13, 1878
9. AGE (last birthday) 81 — 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 wife
10b. KIND OF BUSINESS OR INDUSTRY same
11. BIRTHPLACE (City and state or country) Blackwater Mo
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Geo C. Jones
13b. MOTHER'S MAIDEN NAME Maria Trent
14. NAME OF HUSBAND OR WIFE M. L. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.
17. INFORMANT M. L. Jones, Address Blackwater, 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) myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis
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. ☐ Yes ☒ N. ☐ 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 10-26-59 to 3-23-60 and last saw her alive on 3-23-60
Death occurred at 5:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. C. Beckett Md
22b. ADDRESS Boonville Mo
22c. DATE SIGNED 3-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 25, 60
23c. NAME OF CEMETERY OR CREMATORY Pilot Grove Ceme
23d. LOCATION (City, town, or county) (State) Pilot Grove Mo

24. FUNERAL DIRECTOR Hays – Painter, ADDRESS Pilot Grove Mo
25. DATE RECD. BY LOCAL REG. 3/24/60
26. REGISTRAR'S SIGNATURE D E Hooper

(Licensed Embalmer's Statement on Reverse Side)

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert L. Painte

Signature of Student Embalmer

Licensed Embalmer No. 406

P. O. Address Pilot Gro

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