

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 18 1960

=60-016456

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly	Length of stay in 1b 4 days	c. CITY OR TOWN Clark	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Clark
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Thomas Middle Lowell Last Jones	4. DATE OF DEATH Month April Day 2 Year 1960
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5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/12	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months 3 Days 26	IF UNDER 24 HR Hours 26 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and Real Estate	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and state or country) Randolph County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Thomas Jones	13b. MOTHER'S MAIDEN NAME Bessie Harris	14. NAME OF HUSBAND OR WIFE Alma Naomi Jones
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-38-7244	17. INFORMANT Mrs. Alma Jones, Clark, Mo.	Address
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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 1 wk
IMMEDIATE CAUSE (a) Uremia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic arteriosclerotic Nephritis	15 yrs.
	DUE TO (c) Diabetes mellitus	25 yrs.

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 11:30 a.m. p.m. Month, Day, Year	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.)	20f. CITY, TOWN, OR LOCATION Clark, Mo.	COUNTY Boone	STATE Mo.
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21. I attended the deceased from **1956** to **1960** and last saw ^{her} him alive on **April 2, 1960**
Death occurred at **11:30** **PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dr. J. H. Lewis</i> (Degree or title)	22b. ADDRESS Moberly, Mo.	22c. DATE SIGNED 4-2-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Chapel Grove	23d. LOCATION (City, town, or county) Clark, Mo.	(State)
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24. FUNERAL DIRECTOR <i>Bill E. Mader Central, Moberly</i> ADDRESS	25. DATE RECD. BY LOCAL REG. 4-4-60	26. REGISTRAR'S SIGNATURE <i>Seamus Town</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

STATEMENT BY LICENSED EMBALMER

APR 21 1960

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 Bill J. Meadows

Licensed Embalmer No. 4876

P. O. Address Antonia, Va

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.