URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-016984

FILED VS APR 22 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3702 3702

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 3½ Hours

c. CITY OR TOWN St. Louis, — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DePaul Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2817 No. Kingshighway — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: DAVID Middle: J. Last: Jones

4. DATE OF DEATH Month: MAR Day: 31 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-16-1879

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): Laborer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Amer. Zinc Co.

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Louise Jones

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.: 304-10-6872A

17. INFORMANT Address: Edw. W. Steffens - 1316 Breeze Ridg

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

O.K. Paul J. Bettonville Deputy 4/1/60

IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocardial Infarction — 12 hrs.

DUE TO (c) Generalized arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1

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 3/31/60, to 3/31/60 and last saw her/him alive on 3/31/60

Death occurred at 4:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul J. Bettonville M.D.

22b. ADDRESS: 2415 N. Kingshighway

22c. DATE SIGNED: 4/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal Via

23b. DATE: April 2, 1960

23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery

23d. LOCATION (City, town, or county) (State): Green Castle, Indiana

24. FUNERAL DIRECTOR ADDRESS: RAIL Math Hermann & Son, Inc., 2161 E. Fair

25. DATE RECD. BY LOCAL REG.: APR 1 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford R Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo

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.