

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUL 11 1960

77

Registration District No. 3016

Primary Registration District No. 3016

Registrar's No. 249-60-022657

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Cole</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jefferson City</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Callaway</b>	
Length of stay in 1b <b>15 minutes</b>		c. CITY OR TOWN <b>Holts Summit</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <b>Dr Corner Bolivar &amp; Industrial</b>				d. STREET ADDRESS (If outside, give location) <b>Rural Route # 1</b>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
<b>CLYDE LOVE JONES</b>			<b>July 6th 1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/27/93</b>	9. AGE (last birthday) <b>67</b>	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) <b>Street Dept (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of Jefferson</b>		11. BIRTHPLACE (City and state or country) <b>Boone County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Perry Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Love</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie VanBibber Jones</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Harold Jones, Columbia, Missouri</b>			
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) <b>Self-inflicted gun shot wound in chest</b>							<b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Man placed 12 gauge shot gun to chest</b>			
20c. TIME OF INJURY <b>6:00 a.m.</b>	Month, Day, Year <b>7/6/60</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Jefferson City - Cole - Mo.</b>			STATE		
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Robert J. Tamer, Coroner Cole County</b>				22b. ADDRESS <b>1436 Green Berry Road</b>			22c. DATE SIGNED <b>7/7/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 9th 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Pleasant Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Boone County, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Tamer Service, Jefferson City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8 July 1960</b>	26. REGISTRAR'S SIGNATURE <b>R.D. Davis, M.D. Richter Jr.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1967 JUL 18 SA

OCT 4 1967

### 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 Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Ans.

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.