

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-024126**

FILED VS JUN 16 1960 291

Primary Registration District No. 443 Registrar's No. 71

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Putnam</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Putnam</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Unionville</b>		Length of stay in 1b <b>1 da</b>		c. CITY OR TOWN <b>Rural-Elm Tmp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Monroe Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Unionville, Mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Claudia Brasfield Jones</b>				4. DATE OF DEATH Month Day Year <b>June 9, 1960</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Apr. 10-81</b>	9. AGE (last birthday) <b>79</b> Months <b>1</b> Days <b>29</b> Hours <b>0</b> Min.	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telephone Operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Putnam Co., Mo.</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>George Shelton</b>			13b. MOTHER'S MAIDEN NAME <b>Selah Rainey</b>			14. NAME OF HUSBAND OR WIFE <b>James 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>498-42-3778</b>		17. INFORMANT Address <b>Nedra Dye-Unionville, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> DUE TO (b) <b>arteriosclerosis of hypertensive type</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Degenerative Myocarditis</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>June 8-60</b> to <b>June 9-60</b> and last saw her <b>live</b> on <b>June 9-60</b> . Death occurred at <b>11:55p</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Chas L Judd DO</b>			Degree or title	22b. ADDRESS <b>Unionville Mo</b>			22c. DATE SIGNED <b>6-10-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		23b. DATE <b>6-12-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Thompson Cem.</b>		23d. LOCATION (City, town, or county) <b>Putnam Co. Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>F.O. Husted &amp; Son- Unionville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-11-60</b>		26. REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 9 70r

**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

*Murl E. Husted*

Licensed Embalmer No. 330

P. O. Address Unonville

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