

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027903

REGISTRATION DISTRICT NO. 290 Primary Registration District No. 4427 REGISTRAR'S NO. 104

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		Length of stay in 1b 1 week		c. CITY OR TOWN Rolla		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JOHN Middle EDWARD Last JONES			4. DATE OF DEATH Month July Day 16 Year 1960							
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/28/08	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY Civil Service		11. BIRTHPLACE (City and state or country) Vincennes, Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Frank Jones			13b. MOTHER'S MAIDEN NAME Myrtle (UNKNOWN)			14. NAME OF HUSBAND OR WIFE Virginia				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 2			16. SOCIAL SECURITY NO. Yes		17. INFORMANT Mrs. Virginia Jones Rt. 1 Rolla Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac embolus							INTERVAL BETWEEN ONSET AND DEATH 20 min			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Car wreck & chest injury							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 checked="" 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.) One driver car accident								
20c. TIME OF INJURY 4 p.m.	Hour	Month, Day, Year 7/8/60	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.) on Highway 66			20f. CITY, TOWN, OR LOCATION Waynesville		COUNTY Pulaski		STATE MO			
21. I attended the deceased from 7-8-60 to 7-16-60 and last saw him alive on 7-16-60 Death occurred at 3 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE T. Miller MD (Degree or title)					22b. ADDRESS Waynesville MO			22c. DATE SIGNED 7-16-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 17, 1960	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens			23d. LOCATION (City, town, or county) Rolla, Mo. (State)					
24. FUNERAL DIRECTOR Null & Son Funeral Home By Paul E. Null	ADDRESS Rolla	25. DATE RECD. BY LOCAL REG. 7-16-60		26. REGISTRAR'S SIGNATURE Clara Mae Anderson						

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

JUL 26 1960

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 _____

Paul E. New

Licensed Embalmer No. 449

P. O. Address Rolla,

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