URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-029985

ED VS AUG 17 1960

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 89

NDED

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron — Length of stay in 1b 8 Mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 311 N Main — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Clinton
c. CITY OR TOWN Cameron — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 311 N Main — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle Thomas Last Jones

4. DATE OF DEATH Month August Day 6 Year 1960

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-3-1887

9. AGE (last birthday) 72 — 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) Peace officer. Cameron

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and state or country) Clinton Co

12. CITIZEN OF WHAT COUNTRY U S A.

13a. FATHER'S NAME Wm Joner

13b. MOTHER'S MAIDEN NAME Miranda Reed

14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. 500-07-8118

17. INFORMANT Mrs. Christine Stevens Address Cameron

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Gun shot wound — INTERVAL BETWEEN ONSET AND DEATH Sudden

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. ☐ 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.) Self inflicted gun shot wound

20c. TIME OF INJURY Hour a.m. Month, Day, Year 7:00 8-6-60

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.) Home

20f. CITY, TOWN, OR LOCATION Cameron COUNTY Clinton STATE Mo.

21. I attended the deceased from None, to and last saw her/him alive on

Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. C. Baumeier Dr. Deputy Coroner

22b. ADDRESS Lathrop Mo.

22c. DATE SIGNED 8-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-9-1960

23c. NAME OF CEMETERY OR CREMATORY Packard Cemetery

23d. LOCATION (City, town, or county) Cameron (State) Mo

24. FUNERAL DIRECTOR Poland Funeral Home ADDRESS Cameron

25. DATE RECD. BY LOCAL REG. Aug 9-1960

26. REGISTRAR'S SIGNATURE Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Laurence J. Thompson

Signature of Student Embalmer

Licensed Embalmer No. 4735

P. O. Address Cameron

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