URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

60-030181
STATE FILE NUMBER

ENDED

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Albany, Mo.
Length of stay in 1b: 4 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Gentry County Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Harrison
c. CITY OR TOWN: New Hampton
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Southwest Part
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Daniel Middle: Henton Last: Jones
4. DATE OF DEATH: Month: Sept. Day: 5 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Feb. 27-78
9. AGE (last birthday): 82
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (City and state or country): Gentry Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Abram Jones
13b. MOTHER'S MAIDEN NAME: Martha Magee
14. NAME OF HUSBAND OR WIFE: Mary A. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mary Jones Address: New Hampton, Mo.

MEDICAL CERTIFICATION

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)	Hypostatic Pneumonia	3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	diabetes "	12 yrs
DUE TO (c)	" gangrene foot	1 yr.

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 [X]
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: Albany COUNTY: Gentry STATE: Mo.

21. I attended the deceased from 10 years, to 9-5-60 and last saw her/him alive on 9-15-60
Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank H. Rose (Degree or title) M.D.
22b. ADDRESS: Albany Mo
22c. DATE SIGNED: 9-6-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 7, 1960
23c. NAME OF CEMETERY OR CREMATORY: Foster Cemetery
23d. LOCATION (City, town, or county): Harrison Co. (State): Mo.
24. FUNERAL DIRECTOR: Noble Funeral Home ADDRESS: New Hampton, Mo.
25. DATE REC'D. BY LOCAL REG.: 9-6-60
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(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 William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, Ok

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.