

PRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035590
STATE FILE NUMBER

FILED VS OCT 4 1960 248

Registration District No. _____ Primary Registration District No. 4369 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seneca		Length of stay in 1b 40 yrs.	c. CITY OR TOWN Seneca
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
Arzona	Montana	Jones	Sept.	23, 1960
5. SEX Fem.	6. COLOR OR RACE wht & Ind.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 23, 1882	9. AGE (last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ottawa County, Okla., U.S.A.	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Elias Misenhimer		13b. MOTHER'S MAIDEN NAME Susan Bennett		14. NAME OF HUSBAND OR WIFE Gene Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Wm. E. Jones, Imperial, Mo.		

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)	Myocardial degeneration	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) chronic cholecystitis	10 yrs
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 checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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
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21. I attended the deceased from **19 49** to **Sept 23 1960** and last saw her alive on **Sept 25 1960**
Death occurred at **7:10 a.** m on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John B. Roberts D.O.	22b. ADDRESS Seneca Mo.	22c. DATE SIGNED 9-25-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/25/60	23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	23d. LOCATION (City, town, or county) (State) Seneca, Missouri
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24. FUNERAL DIRECTOR W.E. DeWaters	ADDRESS Seneca Mo	25. DATE RECD. BY LOCAL REG. 9-27-60	26. REGISTRAR'S SIGNATURE Mrs. Irene Russell
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

OCT 14 1980

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 W. B. J. [Signature]

Licensed Embalmer No. 2179

P. O. Address [Signature]

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.