URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 14 1960

60-036251

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9638

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2117 N. Pickwick
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Ralph; Middle Eugene; Last Jones

4. DATE OF DEATH: Month Sept.; Day 30; Year 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/17/1919

9. AGE (last birthday): 41

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): Gas Service

10b. KIND OF BUSINESS OR INDUSTRY: City Utilities

11. BIRTHPLACE (City and state or country): Missouri.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles Jones

13b. MOTHER'S MAIDEN NAME: Unavailable

14. NAME OF HUSBAND OR WIFE: Marjorie Jones

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

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Marjorie Jones, Address: 2117 No. Pickwick Street, Springfield, Missouri.

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)	Ventricular fibrillation	3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Aortic stenosis & insufficiency.	5 yrs +
DUE TO (c)	Rheumatic heart disease - valvular	Indef.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4 11 X

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.)

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 COUNTY STATE

21. I attended the deceased from 9/27/60 to 9/30/60 and last saw her alive on 9/30/60

Death occurred at 2 45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Rollins Hanlon M.D. (Degree or title)

22b. ADDRESS: 1325 S. Grand Blvd. St. Louis 14

22c. DATE SIGNED: 10/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10/3/60

23c. NAME OF CEMETERY OR CREMATORY: Greenlawn ~~East Lawn~~ Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Missouri.

24. FUNERAL DIRECTOR: Albert H. Hoppe, Inc., ADDRESS: 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: OCT 3 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF informant

OCT 14 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 Robert M. Murra

Licensed Embalmer No. 3749

P. O. Address St Louis

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.