

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037856

FILED VS OCT 24 1960

Registration-District No. 183 Primary Registration District No. 3017 Registrar's No. 158

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Blackwater</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>6 miles S. of Blackwater</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) <u>MARTIN L. Jones</u>				4. DATE OF DEATH <u>Oct 15 1960</u>															
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>July 4 1876</u>		9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and state or country) <u>Del. Rorer Iowa U.S.A</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>											
13. FATHER'S NAME <u>Jesse Jones</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Rylie Jones</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Woodrow M. Hake, Blackwater</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Respiratory Infection</u> DUE TO (b) <u>Virus infection</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>myocarditis</u>										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 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 <u>  </u> Hour <u>  </u> a.m. <u>  </u> p.m.		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	
21. I attended the deceased from <u>Sept 11, 1960</u> to <u>Oct 15, 1960</u> and last saw <u>him</u> alive on <u>Oct 12, 1960</u> Death occurred at <u>4:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <u>T.C. Beckett MD</u> (Degree or title)				22b. ADDRESS <u>Boonville Mo</u>				22c. DATE SIGNED <u>10-15-60</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/19/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove</u>		23d. LOCATION (City, town, or county) <u>Boonville, Mo</u>		(State)											
24. FUNERAL DIRECTOR <u>Hays Painter</u> ADDRESS <u>Pilot Grove, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>10/19/60</u>		26. REGISTRAR'S SIGNATURE <u>D. Hooper</u>													

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 17 1961

**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 L. [Signature]

Licensed Embalmer No. 400

P. O. Address Pilot [Signature]

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