URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038036

FILED VS NOV 7 1960

ENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1080A STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 6 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faulkner Rest Home — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: James Middle: B. Last: Jones
4. DATE OF DEATH Month: October Day: 25 Year: 1960
5. SEX: Male
6. COLOR OR RACE: Cau.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb. 6, 1868
9. AGE (last birthday): 92
IF UNDER 1 YEAR: Months 8 Days 19 — 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: Farming
11. BIRTHPLACE (City and state or country): Lafayette Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: unknown
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.: None
17. INFORMANT: Mrs. J.C. McCartney Address: Liberty, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — —
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.) —
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 May 1960, to death and last saw ~~her~~ him alive on 30 Sept 1960
Death occurred at 4:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley S. Peterson (Degree or title) MD
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 10-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-28-60
23c. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Buffalo, Mo.

24. FUNERAL DIRECTOR: Montgomery Funeral Home ADDRESS: Buffalo Mo.
25. DATE RECD. BY LOCAL REG.: 11-2-60
26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FEB 7 1967

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 Vernon H. Vieta

Signature of Student Embalmer

Licensed Embalmer No. 5083

P. O. Address Buffalo, N

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