

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041193

FILED VS. DEC 9 1960

43

3007

634

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Length of stay in 1b <b>9 mo.</b>	c. CITY OR TOWN <b>Poplar Bluff</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>718 N. 11th St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>718 N. 11th St</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Raymond</b> Last <b>Jones</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>12,</b> Year <b>1960</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-20-91</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>night watchman (ret.)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Box Co.</b>	11. BIRTHPLACE (City and state or country) <b>Mill Shoals, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>
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13a. FATHER'S NAME <b>Wm. P. Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Rachel Dixon</b>	14. NAME OF HUSBAND OR WIFE <b>Maggie Jones</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>431-03-0185</b>	17. INFORMANT <b>Maggie Jones</b> Address <b>Poplar Bluff, Mo.</b>
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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)	<b>Myocardial Infarction</b>	<b>one hour</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>	<b>unknown</b>
	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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 <b>Poplar Bluff, Mo.</b>	COUNTY	STATE
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21. I attended the deceased from **12 Nov - 1960** to **12 Nov, 1960** and last saw **her** **him** alive on **last** **appt. 5 hrs** before Death occurred at **7:15 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>John L. Wright, MD</b> (Degree or title)	22b. ADDRESS <b>Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>29 Nov. 1960</b> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11-15-60</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Puxico cemetery</b>	23d. LOCATION (City, town, or county) <b>Puxico, Mo.</b>
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24. FUNERAL DIRECTOR <b>Watkins &amp; Sons</b> ADDRESS <b>Puxico, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11/30/60</b>	26. REGISTRAR'S SIGNATURE <b>R. Shutee</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 9 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 Marsh Weathers

Licensed Embalmer No. 4717

P. O. Address Denton, MS

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.