URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1960

-60-043061
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 242

NDED

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla — Length of stay in 1b 13 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 712 West 11th Street — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Rolla — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 712 West 11th Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CHARLES Middle EVERT Last JONES

4. DATE OF DEATH Month December Day 9, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/11/92
9. AGE (last birthday) 67 — 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) Postmaster, ret.
10b. KIND OF BUSINESS OR INDUSTRY Rolla P. O.
11. BIRTHPLACE (City and state or country) Phelps County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John A. Jones
13b. MOTHER'S MAIDEN NAME Isabelle Prewett
14. NAME OF HUSBAND OR WIFE Flossie

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. Yes
17. INFORMANT Mrs. Flossie Jones Address Rolla, 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) Acute Right heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Decompensated heart
DUE TO (c) and Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH

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 1958, to 12-9-60 and last saw her/him alive on 12-9-60
Death occurred at 10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD
22b. ADDRESS Rolla Mo
22c. DATE SIGNED 12/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 11, 1960
23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery
23d. LOCATION (City, town, or county) (State) Rolla, Missouri

24. FUNERAL DIRECTOR ADDRESS Null & Son Funeral Home By Paul E. Null Rolla
25. DATE RECD. BY LOCAL REG. Dec. 11, 1960
26. REGISTRAR'S SIGNATURE Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 15 1960

12-14-60

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 Paul E. Nul

Licensed Embalmer No. 4498

P. O. Address Rolla, M

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.