# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1960

-60-043231

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 465

DED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Bonne Terre — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Ash Street, — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Frank — Middle ----- — Last Jones
4. DATE OF DEATH: Month November — Day 26, — Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/21/1885
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months 10 Days 5
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jess Jones
13b. MOTHER'S MAIDEN NAME: Barlra Moore
14. NAME OF HUSBAND OR WIFE: Rosie Ellen Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Lawerence Jones, Address: Bonne Terre, 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: one mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Brain syndrome due to arteriosclerosis
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 Nov 1, 1960 to Nov. 26 and last saw him alive on Nov 26, 1960
Death occurred at 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Huckstep (Degree or title) M.D.
22b. ADDRESS Farmington, Mo
22c. DATE SIGNED 11/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/28/1960
23c. NAME OF CEMETERY OR CREMATORY: Germania Cemetery
23d. LOCATION (City, town, or county) (State): Rt. 2, Bonne Terre, Missouri
24. FUNERAL DIRECTOR ADDRESS: Sparks Funeral Home Bonne Terre, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 28, 1960
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 13 1960

VS JAN 6 1967

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 428

P. O. Address: Bonne Te

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