

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 23 1961

=61-000014

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 11 STATE FILE NUMBER

NOT WRITE THIS STUB
 AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 TYPEWRITER RIBBON
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b <u>3 Days</u>	c. CITY OR TOWN <u>La Plata</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>Laughlin Hosp</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>8 Mi. S.W. La Plata</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM HOMER JONES</u>			4. DATE OF DEATH Month Day Year <u>Jan 6, 1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-22-74</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and state or country) <u>Aurora Sprins, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Nehemiah Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Rebekah Manus</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs Minnie Jones, La Plata, Mo.</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>Circulatory collapse</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Traumatic shock</u> DUE TO (c) <u>Automobile accident</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Sub-cutaneous emphysema due to punctured lung.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 mins</u> <u>appx 36 hrs.</u> <u>appx 36 hrs.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Deceased fell out of a truck, driven</u>			
20c. TIME OF INJURY Hour <u>3:00</u> p.m. Month, Day, Year <u>1.4.61</u>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Country road</u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>La Plata</u>		20g. COUNTY <u>Macon</u>		STATE <u>Mo.</u>
21. I attended the deceased from <u>Jan. 4, 1961</u> to <u>Jan. 6, 1961</u> and last saw him alive on <u>Jan. 6, 1961</u> Death occurred at <u>4:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Sub. A. Amter D.O.</u>			22b. ADDRESS <u>Kirksville, Missouri</u>		22c. DATE SIGNED <u>1-6-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 8, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>La Plata, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Wilson Funeral Home, La Plata, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>1-16-1961</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	

JAN 31 1961

JACK A. AUSTER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth M. Wilson

Licensed Embalmer No. H-701

P. O. Address La Plata, Md.

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.