MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

-61-000438
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 22

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Length of stay in 1b: 21yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS: 516 Neat (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Will — Middle: — Last: Jones
4. DATE OF DEATH: Month I — Day 4 — Year 1961
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/14/1879
9. AGE (last birthday): 81yrs. — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Beulah, Miss.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GrorgoJones
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Sallie Mae Jones
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: Sallie Jones — Address: 516 Neat, Poplar Bluff

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: 3 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): Chronic Prostatitis
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 12-26-60 to 1/4/61 and last saw ~~her~~ him alive on 1-4-61
Death occurred at 1:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) MD
22b. ADDRESS: Poplar Bluff MO
22c. DATE SIGNED: 1/7/61

23a. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)
23b. DATE: 1/8/1961
23c. NAME OF CEMETERY OR CREMATORY: Cropporsville Cemetery
23d. LOCATION (City, town, or county) (State): Harville, Mo.

24. FUNERAL DIRECTOR: Pooples, Poplar Bluff, MO. — ADDRESS
25. DATE REC'D BY LOCAL REG.: 1/18/61
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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 Wallace R Knight

Licensed Embalmer No. 4914

P. O. Address 822 Fairmount
Poplar Bluff

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.