ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-002060

STATE FILE NUMBER

FILED VS FEB 6 1961

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 7

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: Lawrence
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Aurora — Length of stay in 1b: 44 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 607 South Jefferson — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Aurora — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 607 S. Jefferson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ida — Middle: — Last: Jones

4. DATE OF DEATH: Month: January — Day: 31 — Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/2/1874
9. AGE (last birthday): 86 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lawrence County
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Whitson Taylor
13b. MOTHER'S MAIDEN NAME: Mary Eliza Patterson
14. NAME OF HUSBAND OR WIFE: John Thomas Jones, Dec.

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: Miss Eva Jones, Address: Aurora, Missouri

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): Ch. Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
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)
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 1/31/61 and last saw her alive on 1/31/61
Death occurred at 5 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Aurora, Mo.
22c. DATE SIGNED: 2/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 3, 1961
23c. NAME OF CEMETERY OR CREMATORY: Orange Cemetery
23d. LOCATION (City, town, or county) (State): Lawrence County, Missouri

24. FUNERAL DIRECTOR: Oscar L. Marsh, ADDRESS: Aurora, Missouri
25. DATE RECD. BY LOCAL REG.: 2-3-1961
26. REGISTRAR'S SIGNATURE: Ora McNatt

(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 Donavon C. Lakin, Student Embalmer No. 627 working under my personal supervision.

Student Donavon C. Lakin
Signature of Student Embalmer

Signed Oscar L. Harsl

Licensed Embalmer No. 3812

P. O. Address Aurora, Missouri

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.