

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002380

FILED VS JAN 17 1961

STATE FILE NUMBER

AMENDED

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 13

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Nodaway</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		a. STATE <u>Missouri</u> COUNTY <u>Nodaway</u>		c. CITY OR TOWN <u>Clearmont</u>	
Length of stay in lb <u>6 weeks</u>		c. CITY OR TOWN <u>Clearmont</u>		d. STREET ADDRESS <u>None</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Ada</u>		Middle <u>Belle</u>		Last <u>Jones</u>		Month Day Year <u>January 12 1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/17/1892</u>	9. AGE (last birthday) <u>78</u>	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) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Page County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Hiram VanPelt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>Charles H. 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. <u>none</u>		17. INFORMANT <u>Mrs Wayne Combs, Clearmont, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cerebral embolus</u>						<u>7 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bilateral Saphenous thrombophlebitis 14 days</u>							
DUE TO (c) <u>Postoperative vein infection 14 days</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of recto-sigmoid</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>Mar. 29/1960</u> to <u>Jan 2</u> and last saw her/him alive on <u>1/11/61</u> Death occurred at <u>1/12/61 2:45 PM</u> on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) <u>B. F. Byland M.D.</u>				22b. ADDRESS <u>Maryville Mo</u>		22c. DATE SIGNED <u>1/13/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 14, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>		23d. LOCATION (City, town, or county) <u>Burlington Jct Mo</u>			
24. FUNERAL DIRECTOR <u>J. R. Hann</u>		ADDRESS <u>Burlington Jct Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-13-61</u>	26. REGISTRAR'S SIGNATURE <u>Beno Holt</u>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

JAN 18 1961

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 _____

Licensed Embalmer No. 2968

P. O. Address Burke, Ind 710

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.