

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007430

FILED VS MAR 13 1961

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 63

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville			Length of stay in 1b		c. CITY OR TOWN Novelty		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital & Clinic				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Gary Middle Wayne Last Jones				4. DATE OF DEATH Month Mar Day 5 Year 1961			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3 Oct 1948	9. AGE (last birthday) 12	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Quincy, Ill		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Harold F. Jones			13b. MOTHER'S MAIDEN NAME Annicc Graham			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Harold F. Jones Novelty, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia							INTERVAL BETWEEN ONSET AND DEATH 4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Glomerulonephrosis							4 days
DUE TO (c) Septicemia & bacteremia due to ruptured appendix							appx 6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hyperthermia						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 Mar. 1, 1961 to Mar. 5, 1961 and last saw him alive on Mar. 5, 1961 Death occurred at 12:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Jack Smith D.O.				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 3.5.61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8 Mar '61	23c. NAME OF CEMETERY OR CREMATORY Locust Hill Cemetery		23d. LOCATION (City, town, or county) Knox County		(State)
24. FUNERAL DIRECTOR ADDRESS Hudson-Rimer Funeral Home Edina, Mo				25. DATE RECD. BY LOCAL REG. Mar. 10, 1961		26. REGISTRAR'S SIGNATURE Wesley R. Ruff	

JACK 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 Jim Rimer, Student Embalmer No. 610
working under my personal supervision.

Student James W Rimer
Signature of Student Embalmer

Signed JWRimer

Licensed Embalmer No. 5041

P. O. Address Edina, MN

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.