

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007965

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 51 STATE FILE NUMBER

FILED MAR 24 1961

1. PLACE OF DEATH
 a. COUNTY Cass
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville Length of stay in 1b 9 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cass
 c. CITY OR TOWN Archie Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
CHARLOTTE FREDERICKA JONES March 17 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10/2/1894 9. AGE (last birthday) 66 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-maker 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Harlan, Iowa 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Hans Christiansen 13b. MOTHER'S MAIDEN NAME Matilda Sorensen 14. NAME OF HUSBAND OR WIFE Walter Earl Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT Alton Christiansen Archie, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
 PART I. DEATH CAUSED BY:
 IMMEDIATE CAUSE (a) Glomerulonephritis Acute / week INTERVAL BETWEEN ONSET AND DEATH
 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 N. 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 p. 17 MAR 1961 to 17 MAR 1961 and last saw her alive on 17 MAR 1961. Death occurred at 12:45 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Harrisonville Mo 22c. DATE SIGNED 17 Mar 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/20/1961 23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery 23d. LOCATION (City, town, or county) (State) Adrian Missouri

24. FUNERAL DIRECTOR Atkinson Dickey Archie, Missouri ADDRESS 25. DATE RECD. BY LOCAL REG. Mar 20 1961 26. REGISTRAR'S SIGNATURE [Signature]

VS MAR 22 1962

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 Robert W. Robinson

Licensed Embalmer No. 4912

P. O. Address Hammock

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.