

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010276

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 56

STATE FILE NUMBER

AMENDED

DATE AMENDED 3/22/61
INSTEAD OF January 14, 1883
SHOULD READ January 14, 1884
BY AFFIDAVIT OF Informant

FILED VS MAR 16 1961
1. PLACE OF DEATH a. COUNTY Saint Charles b. CITY Saint Charles Length of stay in lb 2 mos. c. FULL NAME OF (IF NOT in hospital, give location) 928 So. 3rd
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles c. CITY OR TOWN Saint Charles Inside Limits Yes [X] No [] d. STREET ADDRESS (If outside, give location) 928 So. 3rd. Reside on Farm Yes [] No [X]
3. NAME OF DECEASED (Type or print) First Middle Last William Ora Jones
4. DATE OF DEATH Month Day Year March 5, 1961
5. SEX Male 6. COLOR OR RACE White 7. Married [] Never Married [] Widowed [] Divorced [X] 8. DATE OF BIRTH Jan. 14, 1883 9. AGE (last birthday) 1884 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 10b. KIND OF BUSINESS OR INDUSTRY plumbing 11. BIRTHPLACE (City and state or country) Hannibal, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William H. Jones 13b. MOTHER'S MAIDEN NAME Nancy Clark 14. NAME OF HUSBAND OR WIFE Ethel V. 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 Address St. Charles, Mo. Mildred Hubers, Hannibal, 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) Bronchogenic Carcinoma INTERVAL BETWEEN ONSET AND DEATH Indeterminate 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 [X] 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 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 February 25, 1961 to March 5, 1961 and last saw her alive on March 5, 1961. Death occurred at 6:00 am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE G. A. Gaeger, M.D. (Degree or title) 22b. ADDRESS 304 So. 2nd, St. Charles, Mo 22c. DATE SIGNED 3.5.61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE March 5, 1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) Hannibal, Mo. (State)
24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home, Hannibal, Mo. 25. DATE RECD. BY LOCAL REG. March 5, 1961 26. REGISTRAR'S SIGNATURE Marcelle Wilson

MAR 17 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. 4835

P. O. Address H. Charles

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.