

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020174

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 91

STATE FILE NUMBER

AMENDED

FILED MAY 31 1961

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| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | c. CITY OR TOWN Nevada | |
| Length of stay-in 1b 60 years | | Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital | | d. STREET ADDRESS (If outside, give location) R#3 | |
| Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|----------------------------|---|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) First JOHN (Jay) Middle WILLIAM Last JONES | | | 4. DATE OF DEATH Month May Day 17 Year 1961 | | | |
| 5. SEX M | 6. COLOR OR RACE Wh | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-12-1890 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | | 11. BIRTHPLACE (City and state or country) Stewart, Nebraska | | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME R. C. Jones | | 13b. MOTHER'S MAIDEN NAME Ettie I. Jones | | |
| 14. NAME OF HUSBAND OR WIFE Flossie R. Jones | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address Flossie R. Jones, R#3, Nevada Missouri | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with failure | | INTERVAL BETWEEN ONSET AND DEATH 18 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Peritonitis from rupt. head of cancer | 6 days |
| | DUE TO (c) Carcinoma of left colon | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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 2/7/47 to 5/12/61 and last saw him alive on 5/16/61
Death occurred at 7:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>John W. Turner</i> (Degree or title) | | 22b. ADDRESS Nevada Mo | | 22c. DATE SIGNED 5/19/61 |
| 23b. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 19, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park | 23d. LOCATION (City, town, or county) Nevada | (State) Missouri |

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| 24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home Nevada, Missouri | 25. DATE RECD. BY LOCAL REG. May 25-1961 | 26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 L. Angles King

Licensed Embalmer No. 4960

P. O. Address Memphis, TN

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.