MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-021823
STATE FILE NUMBER

AMENDED

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 20

FILED JUL 11 1961

1. PLACE OF DEATH
a. COUNTY Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Pike

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elsberry
Length of stay in Ib 13 Months
c. CITY OR TOWN Louisiana
Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ladelle Nursing Home
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 515 Kentucky St.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Samuel Middle Alonzo Last Jones
4. DATE OF DEATH Month June Day 26 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10/12/1867
9. AGE (last birthday) 94
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) Barber
10b. KIND OF BUSINESS OR INDUSTRY Barber Shop
11. BIRTHPLACE (City and state or country) Bolivar, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME SAMUEL JONES
13b. MOTHER'S MAIDEN NAME Abigail Miller
14. NAME OF HUSBAND OR WIFE Russie Gertrude Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Roy Jones, Address Louisiana, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis
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)
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 ☒
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 June 17, 1960 to June 26, 1961 and last saw him alive on June 25, 1961
Death occurred at 5:15P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert M. Hall (Degree or title) MD
22b. ADDRESS 316 Broadway Elsberry, Mo
22c. DATE SIGNED June 28, 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 28, 1961
23c. NAME OF CEMETERY OR CREMATORY Riverview
23d. LOCATION (City, town, or county) Louisiana, Mo. (State)

24. FUNERAL DIRECTOR Geo. M. Collier
ADDRESS Louisiana, Mo.
25. DATE RECD. BY LOCAL REG. 6/30/1961
26. REGISTRAR'S SIGNATURE Mrs Clarence Kientzy

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

DOCUMENT

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

JUL 12 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_____ Signed Geo. M. Collier

Signature of Student Embalmer

Licensed Embalmer No. 3839

P. O. Address Louisiana,

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.