

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028022
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED FILED AUG 14 1961
Registration District No. 353 Primary Registration District No. 6114 Registrar's No. 152

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MORLEY		Length of stay in 1b 26 years		c. CITY OR TOWN Morley		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) P.O. Box 45		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First FRANK Middle (NMN) Last JONES				4. DATE OF DEATH Month August Day 4 Year 1961					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-12-1887		9. AGE (last birthday) 74 IF UNDER 1 YEAR Months 8 Days 22 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Cunningham, Kentucky		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Gabriel Jones (Dec'd)				13b. MOTHER'S MAIDEN NAME Margaret Hamilton (Dec'd)		14. NAME OF HUSBAND OR WIFE Gertrude 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 Gertrude Jones Address Morley, 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) Carcinomatosis of abdomen DUE TO (b) Adenocarcinoma of the rectum known since 7-5-60 DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH Approx. 10 months	
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			
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 7-5-60 to 7-10-61 and last saw ^{her} him alive on 7-10-61 Death occurred at 1:10 A.M. 8-4-1961 on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>John Sargent M.D.</i>				22b. ADDRESS 707 Tanner Street				22c. DATE SIGNED 8-9-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-6-1961		23c. NAME OF CEMETERY OR CREMATORY New Morley		23d. LOCATION (City, town, or county) (State) Morley, Scott, Missouri			
24. FUNERAL DIRECTOR <i>Annunzio Funeral Chapel, Sikeston Mo.</i>				ADDRESS		25. DATE RECD. BY LOCAL REG. 8-13-61		26. REGISTRAR'S SIGNATURE <i>Mrs. Ella Hunter</i>	

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Siouxton, Mo.

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.