

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031680

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 116

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Worth County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City</u>		c. CITY OR TOWN <u>Grant City</u>	
Length of stay in 1b <u>one year</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>504 South Pleasant St</u>		d. STREET ADDRESS (If outside, give location) <u>504 South Pleasant St.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Nellie</u> Middle <u>Ely</u> Last <u>Jones</u>			4. DATE OF DEATH Month <u>August-</u> Day <u>12</u> Year <u>1961</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-21-1890</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and state or country) <u>Harrison County, U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Burkett</u>		13b. MOTHER'S MAIDEN NAME <u>Margarett Garmes</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Jones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Frank Jones</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10yrs</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe rheumatoid Arthritis with multiple deformities</u>		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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	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 <u>Grant City, Mo</u>		
20g. COUNTY <u>Worth</u>		20h. STATE <u>Missouri</u>	

21. I attended the deceased from <u>1947</u> , to <u>Aug 12, 61</u> and last saw her alive on <u>12 Aug 61</u>	
Death occurred at <u>4 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Frank B Matteson MD</u>	22b. ADDRESS <u>Grant City, Mo</u>
22c. DATE SIGNED <u>8/14/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>8-14-1961</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Fletcher Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Worth east of Grant City Mo</u>	

24. FUNERAL DIRECTOR <u>John Andrews</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 9, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City 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.