

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-035332

STATE FILE NUMBER

AMENDED

Registration District No. **317**

Primary Registration District No. **500**

Registrar's No. **2705**

FILED OCT 9 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MISSOURI		Length of stay in 1b 362 DAYS	c. CITY OR TOWN HILLSBORO
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE #2, BOX 208
3. NAME OF DECEASED (Type or print) First OLIVER Middle Last JONES		4. DATE OF DEATH Month SEPT Day 23 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 10-26-86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED (UNKNOWN)		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	9. AGE (last birthday) 74
11a. BIRTHPLACE (City and state or country) PATTERSON, MISSOURI		11b. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DELLA JONES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES PEACE TIME		17. INFORMANT DELLA JONES (WIFE) 5517A MINNESOTA ST. LOUIS, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, ACUTE DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 WKS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYDRONEPHROSIS, BILATERAL ACUTE PYELONEPHRITIS, BILATERAL			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 checked="" type="checkbox"/> NO <input 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 V.A. attended the deceased from 4-7-60 to 9-23-61 and was present at his death. Death occurred at 5:05PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert W. Brange</i>		(Degree or title) M.D.	22b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.
22c. DATE SIGNED 9-24-61			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	SEPT 27 1961	NATIONAL CEMETERY	JEFFERSON BARRACKS, MO.
24. GENERAL DIRECTOR <i>Thomas Katis 2906 Gravois</i>		25. DATE RECD. BY LOCAL REG. 9-25-61	26. REGISTRAR'S SIGNATURE <i>John B. W. [Signature]</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 *Barley H. King*
Licensed Embalmer No. 4861

P. O. Address Blayton 5, 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.