

OUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039550

STATE FILE NUMBER

Primary Registration District No. 500 Registrar's No. 3080

Filed Nov 8 1961

AMENDED

| | | | | | | | | |
|--|--|---|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY Wayne | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay | | Length of stay in 1b 3 mons. | | c. CITY OR TOWN Piedmont | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Charles Middle Jones Last Jones | | | 4. DATE OF DEATH Month October Day 29 Year 1961 | | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/26/1877 | 9. AGE (last birthday) 84 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Agent | | | 10b. KIND OF BUSINESS OR INDUSTRY Insurance | 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S. | | |
| 13a. FATHER'S NAME James B. Jones | | | 13b. MOTHER'S MAIDEN NAME Catherine E. Lupton | | 14. NAME OF HUSBAND OR WIFE Grace Lee Jones | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Dr. James Jones, Brentwood, 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) ARTERIOSCLEROTIC HEART DISEASE | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 yrs. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) GENERAL ARTERIOSCLEROSIS | | | | | | | Unknown | |
| DUE TO (c) | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY TUBERCULOSIS 3 mo. | | | | | 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Sept 1, 1961 to Oct. 29, 1961 and last saw him alive on Oct. 27, 1961 Death occurred at 9:50 am on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22. SIGNATURE (Deegee or title) David Nape Kerr, MD | | | | 22b. ADDRESS 950 Francis Pl., Clayton, Mo | | 22c. DATE SIGNED 10/31/61 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 11-1-61 | 23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | | 23d. LOCATION (City, town, or county) Piedmont, Mo. | | (State) | | |
| 24. FUNERAL DIRECTOR Gish Funeral Home, Piedmont, Mo. | | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 11-1-61 | 26. REGISTRAR'S SIGNATURE John C. Ampley, M.D. | | | |

DOCUMENT

MEDICAL CERTIFICATION

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 *Henry E. Monroe*

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.