

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041676
STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 70-61

AMENDED

FILED NOV 30 1961

1. PLACE OF DEATH a. COUNTY <u>McDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDONALD</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Anderson</u>		Length of stay in 1b. <u>4 weeks</u>	c. CITY OR TOWN <u>Anderson</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Anderson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>None</u>
3. NAME OF DECEASED (Type or print) First <u>GARY</u> Middle <u>Lee</u> Last <u>JONES</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1961</u>	

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-19-1961</u>	9. AGE (last birthday) <u>0</u>	IF UNDER 1 YEAR Months _____ Days <u>31</u>	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Fayette, Ark.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>BILL R. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>LORA JEAN McQuillan</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>BILL R. Jones</u>	Address <u>Anderson, Mo.</u>
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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>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
DUE TO (b) <u>Investigated by Dr. Humphreys</u>		
DUE TO (c) <u>Coroner McDonald Co. Mo.</u>		
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"/>	20. ACCIDENT <input checked="" 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.)
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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 checked="" 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 _____ to _____ and last saw her/him alive on _____
Death occurred at 9:00 10 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Mary A. Bradley</u> (Degree or title) <u>REGISTRAR</u>	22b. ADDRESS <u>Pineville Missouri</u>	22c. DATE SIGNED <u>11-21-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov. 17, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Peace Valley</u>
23d. LOCATION (City, town, or county) <u>Anderson, Mo.</u>		(State) _____

24. FUNERAL DIRECTOR <u>Ralfer Funeral Home</u> ADDRESS <u>Anderson, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>NOV. 29, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mary A. Bradley</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Robert C. Rolfe

Licensed Embalmer No. 5062

P. O. Address Anderson, 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.