MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-017735
STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 41

FILED MAY 14 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Polk Twp — Length of stay in 1b: 50 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): None — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Sullivan
c. CITY OR TOWN: Polk Twp S.E. Milan — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): S. E. of Milan — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Hazel Middle Emmor Last Jones
4. DATE OF DEATH: Month May Day Year 6, 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-3-1890
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Childess Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Jim White
13b. MOTHER'S MAIDEN NAME: Mary L. Harris
14. NAME OF HUSBAND OR WIFE: John W. Jones (Dec
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Dollie Foster — Address: Milan, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 5-10
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: Milan — COUNTY: Sullivan — STATE: Mo

21. I attended the deceased from July 1955, to May 6, 1962 and last saw her alive on May 6, 1962
Death occurred at 7:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D. — 22b. ADDRESS: Milan, Mo — 22c. DATE SIGNED: 5/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 5/9/62 — 23c. NAME OF CEMETERY OR CREMATORY: Deep Springs Cemetery — 23d. LOCATION (City, town, or county) (State): Sullivan County, Mo

24. FUNERAL DIRECTOR: Schoenes Inc. by Geo Davat — ADDRESS: Milan Mo — 25. DATE RECD. BY LOCAL REG.: 5-11-62 — 26. REGISTRAR'S SIGNATURE: Mrs. M.W. Beckett

(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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Milan, 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.