

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-021788

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 210

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 9 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Adair		a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		c. CITY OR TOWN Kirksville	
Length of stay in lb 17 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) KIRKSVILLE Laughlin Hosp. & Cl.		d. STREET ADDRESS (If outside, give location) 706 East Line	
Inside Limits 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)		4. DATE OF DEATH	
First DESSIE Middle ALICE Last JONES		Month July Day 2 Year 1962	
5. SEX Female	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 3/21/80
9. AGE (last birthday) 82		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) homemaker		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Graysville, Putnam Co. Mo.
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Newton Livezey	
13b. MOTHER'S MAIDEN NAME Sarah Cassady		14. NAME OF HUSBAND OR WIFE Othie Leon Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address O.L. Jones, Kirksville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CONGESTIVE Circulatory FAILURE			5 DAYS
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS AND			UNKNOWN
DUE TO (c) L. VENTRICULAR Hypertrophy & Aortic Stenosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CH. Cholecystitis - Cholelithiasis - CARCINOMA OF Cecum			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ 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 attended the deceased from 5-16-62 to 7-2-62 and last saw her alive on 7-2-62			
Death occurred at 8:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Paul Laughlin Jones</i>		22b. ADDRESS KIRKSVILLE, Mo	22c. DATE SIGNED 7-3-62
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	7-5-62	Lone Pine	Martinstown, Putnam, Co., Mo.
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Foster Memorial Home, Kirksville, Mo.		July 5, 1962	<i>Doris W. Ratliff</i>

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed July 5, 1962

EARL LAUACHLIN, JR D.O.

JUL 10 1962

JUL 24 1962

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 *Noel E. Foster*
Noel E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, 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.