

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-025988  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 57

**FILED AUG 14 1962**

VS 300  
Rev. 4/59  
10090  
2 11102  
3  
4 0  
5 2  
6  
7 0  
8 2  
9 4200  
10  
11  
12 26-2  
13 1-0

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

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lutesville</u>		Length of stay in 1b <u>6 Mo.</u>	c. CITY OR TOWN <u>Piedmont</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bond Nursing Home</u>		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 Middle Last <u>Dr. Charles Henry Jones</u>			4. DATE OF DEATH Month Day Year <u>August 4 1962</u>
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-9-1874</u>
9. AGE (last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practising Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.D.</u>	11. BIRTHPLACE (City and state or country) <u>Texas Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Solomon Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Stevenson</u>		14. NAME OF HUSBAND OR WIFE (If deceased) <u>Sarah Brevington Jones</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>[Redacted]</u>	17. INFORMANT <u>John Paul Jones</u> Address <u>Piedmont Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial pneumonia</u> DUE TO (b) <u>Chronic congestive heart failure</u> DUE TO (c) <u>arteriosclerotic heart d.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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"/>	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 <u>7/27/62</u> to <u>8/4/62</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>8/3/62</u> Death occurred at <u>1:55 P.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John W. Engelhart M.D.</u>		22b. ADDRESS <u>Lutesville Mo.</u>	22c. DATE SIGNED <u>8/8/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-7-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt View</u>	23d. LOCATION (City, town, or county) (State) <u>Des Arc Missouri</u>
24. FUNERAL DIRECTOR <u>William Cook Piedmont Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8/9/62</u>	26. REGISTRAR'S SIGNATURE <u>Mr Buford Crider</u>

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 Coder Funeral Home, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont 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.