MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031660
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3038 Registrar's No. 133

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0551		
2	0551		2
3			
4	1		
5	1		
6			
7	1		
8	2		
9	330X		
10			
11			
12	1-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

FILED SEP 7 1962

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: AURORA — Length of stay in 1b: YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: AURORA HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: LAWRENCE
c. CITY OR TOWN: AURORA — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 602 HIGHLAND — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JOAN Middle HELEN Last JONES
4. DATE OF DEATH: Month AUG. Day 27, Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2/3/29
9. AGE (last birthday): 33 — 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): BLOOMFIELD, NEB.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: J.G. SPELLMAN
13b. MOTHER'S MAIDEN NAME: DOMBROSKE
14. NAME OF HUSBAND OR WIFE: RAY JONES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
17. INFORMANT: Ray Jones; Address: Aurora, 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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coma — 72 hours
DUE TO (c) Subarachnoid Hemorrhage — 48 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Renal Disease
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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: Aurora COUNTY: Lawrence STATE: Mo.

21. I attended the deceased from 8/22/62 to 8/27/62 and last saw her/him alive on 8/27/62
Death occurred at 12:05 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: William P. Hamilton (Degree or Title) M.D.
22b. ADDRESS: P.O. Box 504 Aurora Mo
22c. DATE SIGNED: 8/29/62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/30/62
23c. NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery
23d. LOCATION (City, town, or county): Aurora, Mo.

24. FUNERAL DIRECTOR: Arnold's Funeral Home; ADDRESS: Aurora, Mo.
25. DATE RECD. BY LOCAL REG.: 8-29-62
26. REGISTRAR'S SIGNATURE: George Langley per L. Phillips

(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 Gwin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Aurora, 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.