

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033607

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 136

DO NOT WRITE ON THIS STUB

AMENDED

<p>FILED OCT 10 1962</p>		<p>1. PLACE OF DEATH a. COUNTY Barry</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald</p>		
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett</p>		<p>Length of stay in lb 10 days</p>		<p>c. CITY OR TOWN Rocky Comfort Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hospital</p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED (Type or print) First Pearl Middle Jones; Last Jones;</p>			<p>4. DATE OF DEATH October 6, -62 Month Day Year</p>			
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH Aug. 5, 83</p>	<p>9. AGE (last birthday) 79</p>	<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) Texas</p>		
<p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>		<p>13a. FATHER'S NAME John L. Parker</p>		<p>13b. MOTHER'S MAIDEN NAME Dont know</p>		
<p>14. NAME OF HUSBAND OR WIFE J.B. Jones</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no</p>		<p>16. SOCIAL SECURITY NO. none</p>		
<p>17. INFORMANT J.B. Jones, Rocky Comfort Mo;</p>		<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p>		
<p>IMMEDIATE CAUSE (a) Pneumonia, Rt Lung</p>		<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure ASH D</p>		<p>DUE TO (c) Ca of Colon Rt (Hepatic Flexure)</p>		
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		
<p>20c. TIME OF INJURY Hour Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>				
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>		
<p>21. I attended the deceased from <u>7-5-62</u> to <u>10-6-62</u> and last saw her/him alive on <u>10/16/62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) Charles Horne MD</p>			<p>22b. ADDRESS Cassville, Mo.</p>		<p>22c. DATE SIGNED 10-8-62</p>	
<p>23a. BURIAL, CREMATION, or other (Specify) Burial</p>		<p>23b. DATE Oct. 9, 1962</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Rocky Comfort</p>		<p>23d. LOCATION (City, town, or county) (State) Rocky Comfort, Mo.</p>	
<p>24. FUNERAL DIRECTOR ADDRESS McQueen Funeral Home, Wheaton Mo.</p>			<p>25. DATE RECD. BY LOCAL REG. 10-8-62</p>	<p>26. REGISTRAR'S SIGNATURE Mrs. P.N. Cook</p>		

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300 Rev. 4/59
1055
20600
3
4 1
5 1
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7 1
8 0
9/53.1
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12 - 0
13 2-0

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 Paul W. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville 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.