

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034292

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 122

FILED SEP 25 1962

VS 300 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

1. PLACE OF DEATH  
 a. COUNTY **Franklin**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Clair** Length of stay in lb **72 yrs.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **812 Walton St.** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MO.** b. COUNTY **Franklin**  
 c. CITY OR TOWN **St. Clair** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **812 Walton St.** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last SAMUEL HENRY JONES  
 4. DATE OF DEATH Month Day Year **Sept. 20 1962**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **6/16/1890** 9. AGE (last birthday) **72 yrs.** IF UNDER 1 YEAR Months **3** Days **4** IF UNDER 24 HR Hours **4** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **general work**  
 10b. KIND OF BUSINESS OR INDUSTRY **sporting goods**  
 11. BIRTHPLACE (City and state or country) **St. Clair, Mo.**  
 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **J. L. T. Jones** 13b. MOTHER'S MAIDEN NAME **Elicene Bailey**  
 14. NAME OF HUSBAND OR WIFE **---**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes World War ONE**  
 17. INFORMANT **John Jones, St. Louis, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cardiac Failure**  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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  N.  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.) **unattended**  
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Charles Smith City Coroner** 22b. ADDRESS **St. Clair Mo** 22c. DATE SIGNED **Sept 22 62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **9/23/62** 23c. NAME OF CEMETERY OR CREMATORY **Prospect Cemetery** 23d. LOCATION (City, town, or county) (State) **Lonedell, Missouri**

24. FUNERAL DIRECTOR **Sherwood W. Kitchell, St. Clair, Mo.** ADDRESS **Sept. 21-62** 25. DATE RECD. BY LOCAL REG. **Sept. 21-62** 26. REGISTRAR'S SIGNATURE **Charles Smith**

USE BLACK INK OR TYPEWRITER RIBBON

OCT 4 1962

SEP 26 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 Shenard W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.