

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010191

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 375 Primary Registration District No. 6288 Registrar's No. 4

FILED FEB 26 1963

VS 300
Rev. 4/59
1/1 40
2/1 40
3
4 0
5 1
6
7 0
8 0
9 795.2
10
11
12 70-8
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. COUNTRY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Union Twp.</u> Length of stay in 1b <u>76 yrs</u>		c. CITY OR TOWN <u>Grovespring (Rural)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Grovespring Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>Rural Route</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>William Oliver Jones</u> First Middle Last		4. DATE OF DEATH <u>Feb 18 1963</u> Month Day Year	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/29/1886</u> 9. AGE (last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Grovespring Mo. U.S.A.</u>
13a. FATHER'S NAME <u>Laborn Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Webb</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Ivan Jones Grovespring Mo.</u> Address
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY...)		INTERNAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Died suddenly</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Unknown - A. did not attend</u>	
		DUE TO (c)	
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 checked="" 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6: A.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Bonnie Jones Local Registrar #375 (Marionville) Missouri</u>		22b. ADDRESS	22c. DATE SIGNED <u>2-25-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/20/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cuba Cemetery near Grovespring Mo.</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Dorsey M. Howe Lebanon Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-25-1963</u>	26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>

