

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **042**
JNF FILED 09 64

Primary Registration District No. **1000**

Registrar's No. **60018142**

STATE FILE NUMBER

| | | |
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| VS 300 | DATE AMENDED | 12-11-64 |
| Rev. 4/59 | | 12-11-64 |
| 1 5117 | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | |
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| 9 4500 | | |
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| 13 1-0 | | |

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|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gentry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | c. CITY OR TOWN King City | |
| Length of stay in b. 4 days | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp. | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Dale Eric Jones | | | 4. DATE OF DEATH Month Day Year May 29 1964 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Mar 23, 98 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe repair shop | | 10b. KIND OF BUSINESS OR INDUSTRY Self-employed | 9. AGE (last birthday) 66 yrs |
| 11. BIRTHPLACE (City and state or country) Stanberry, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Don Jones | | 13b. MOTHER'S MAIDEN NAME Sarah Bethany Weatherman | 14. NAME OF HUSBAND OR WIFE Wandah Jones |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT Wandah Velle Jones | | Address King City, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis generalized | | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aneurysm Ruptured Left Carotid Artery | | | 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 April 1963 to May 1964 and last saw her alive on 29 May 1964 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge from the causes stated. | | 22a. SIGNATURE (Degree or title) [Signature] M.D. | |
| 22b. ADDRESS St Joseph Mo | | 22c. DATE SIGNED 5-24-64 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 2, 1964 | 23c. NAME OF CEMETERY OR CREMATORY High Ridge or Stan Chapel Cemetery | 23d. LOCATION (City, town, or county) (State) Stanberry - Missouri A.W. King City |
| 24. FUNERAL DIRECTOR Roland D Clark ADDRESS King City Mo | | 25. DATE RECD. BY LOCAL REG. June 4, 1964 | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

23c. High Ridge Cemetery
23d. Stanberry, Mo.

DOCUMENT

BY AFFIDAVIT OF Funeral Director

P.A. Knepper, M.D. MEDICAL CERTIFICATION

Permit issued 6-3-64

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 Roland D Clark

Licensed Embalmer No. 4477

P. O. Address King City, 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.

[Handwritten scribbles]