

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0032262

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 287 Primary Registration District No. \_\_\_\_\_ Registrar's No. 976

SEFILLED 14 64

VS 300 Rev. 4/59

1 0740  
2 0740  
3  
4 0  
5 1  
6  
7 1  
8 2  
9 976x  
10  
11  
12 90-0  
13 1-0

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u> c. CITY OR TOWN <u>Route # 2.</u> d. STREET ADDRESS (If outside, give location) <u>West, Stanberry, Mo.</u>	
3. NAME OF DECEASED First <u>William</u> Middle <u>Robert</u> Last <u>Jones</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>3,</u> Year <u>1964</u>
5. SEX <u>Male</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>8/6/1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	9. AGE (last birthday) <u>71 years</u>
13a. FATHER'S NAME <u>Thomas Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Reed</u>	11. BIRTHPLACE (City and state or country) <u>Miller, So. Dakota</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.# 1</u>		17. INFORMANT <u>Goldie E. Jones</u> Address <u>Stanberry, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain laceration severe</u> DUE TO (b) <u>Compound fractured skull</u> DUE TO (c) <u>Gunsight wound of head</u> 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 checked="" 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 <u>9</u> a.m. <u>36</u> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>home</u>		20f. CITY, TOWN, OR LOCATION (Washington Township) <u>Stanberry</u> COUNTY <u>Nodaway</u> STATE <u>MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred, at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B. T. Blum M.D.</u>		22b. ADDRESS <u>Maryville Missouri</u>	22c. DATE SIGNED <u>9/8/64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 5, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	23d. LOCATION (City, town, or county) <u>Stanberry, Missouri</u>
24. FUNERAL DIRECTOR <u>Roland D. Luck - King City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-8 64</u>	26. REGISTRAR'S SIGNATURE <u>Beas Holt</u>

USE BLACK INK OR TYPEWRITER RIBBON

0023200

SEP 15 1964

**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.