

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045708

Registration District No. 201 Primary Registration District No. ✓ Registrar's No. 263

STATE FILE NUMBER

AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NODAWAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DOA MARYVILLE, MISSOURI		Length of stay in 1b INSTANT	c. CITY OR TOWN GUILFORD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 71, 3 miles North of Maryville, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS E. part of town
3. NAME OF DECEASED (Type or print) First Middle Last VIVIAN LOUISE JONES RACE			4. DATE OF DEATH Month Day Year DECEMBER 26, 1961
5. SEX FEMALE	6. COLOR OR RACE CAU	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar 10, 1938
9. AGE (last birthday) 23		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY See 10a	11. BIRTHPLACE (City and state or country) BOLCOW, MISSOURI
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME ARTHUR LEE JONES	
13b. MOTHER'S MAIDEN NAME WILMA B. TORRANCE		14. NAME OF HUSBAND OR WIFE HARLEY RACE	
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. 487-42-6979	17. INFORMANT MR LEE JONES Address GUILFORD, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Laceration DUE TO (b) blow on head DUE TO (c) Automobile accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) Automobile struck truck	
20c. TIME OF INJURY Hour 2:30 a.m. pm. Month, Day, Year 12-26-61	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.) 5 miles North on #71	20f. CITY, TOWN, OR LOCATION Maryville	COUNTY Nodaway	STATE MO.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. F. Boland MD (Degree or title)		22b. ADDRESS Maryville Mo.	22c. DATE SIGNED 12/29/61 (State)
23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial	23b. DATE Dec 29, 1961	23c. NAME OF CEMETERY OR CREMATORY Weathermon Cemetery	23d. LOCATION (City, town, or county) Guilford, Missouri
24. FUNERAL DIRECTOR Johnson Funeral Homes, Stanberry, Mo.	25. DATE RECD. BY LOCAL REG. 12-29-61	26. REGISTRAR'S SIGNATURE Bess Bolt	

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 18 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 George M. Atchison

Licensed Embalmer No. 5119

P. O. Address Marysville

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.

