

CERTIFICATE OF DEATH

124

STATE FILE NUMBER  
71 0015822

Registration District No. 385

Primary Registration District No. 3038

Registrar's No. 91

DO NOT WRITE  
ON THIS STUB

VS 300

Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Mary Eva Jones					2. Female	3. May 3 1971	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 81		5b. MOS. 5c. DAYS	6. March 10 1890		7a. Linn
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Brookfield		7c. Yes		7d. McLarny Manor Brookfield Mo.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. U. S. A.		10. Married		11. Edward H. Jones	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 491-42-1890-B		13a. House Wife		13b. In own home			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. Missouri		14b. Linn	14c. Brookfield Mo.		14d. Yes		14e. 409 North Monroe St.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Wilbur				Gooch	16. Catherine Adamson		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs Pauline Wilson				17b. 816 Snow St. Brookfield Mo. 64628			
PART I. DEATH WAS CAUSED BY:				(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
(a) Pneumonia				6 days			
DUE TO, OR AS A CONSEQUENCE OF:							
(b)							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)			
Ante-mortem general				19a. No			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.				20b.		20c. M. 20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20a.		20b.		20c.		20d. YES NO UNK	
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. I ATTENDED THE DECEASED FROM		1965 TO 1971		21c. April 1971		21d. No	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		HOUR	
22a.		2 P		22b. 5		22c. 3	
CERTIFIER—NAME (PRINT OR TYPE)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. B. H. Howell		23b. B. H. Howell		23c. M.D.		23d. 5-4-71	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a.		23b.		23c. Brookfield Mo		23d. 64628	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. Burial		24b. Park Lawn Memory Garden		24c. Brookfield Mo.			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		DATE RECEIVED BY LOCAL REGISTRAR			
24d. May 6 1971		24e. Hill Funeral Home Inc. 117 South Maine Brookfield Mo. 64628		24f. 5-7-71			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. W. A. Baker		25b. Anna Watson		25c. 5-7-71			

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9. 1  
10a. 81  
10b.  
11. 0  
12. 1  
13. 486X  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 2--0

**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 Geo. W. Davis

Licensed Embalmer No. 4799

P. O. Address Brookfield, 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.