

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003359

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. Registrar's No. 43

FILED JAN 30 1962

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twns.		Length of stay in 1b		c. CITY OR TOWN Farmington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD # 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Margaret Middle Ellen Last Jones				4. DATE OF DEATH Month January Day 25 Year 1962															
5. SEX Female		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 6/16/1883		9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY Doe Run, Missouri				11. BIRTHPLACE (City and state or country) USA				12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Sam Crawford				13b. MOTHER'S MAIDEN NAME Elizabeth Short				14. NAME OF HUSBAND OR WIFE Zeno 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. None				17. INFORMANT Zeno Jones: Farmington, Missouri				Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) the known cause DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH seconds									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fracture of R hip (repaired) today										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 Farmington, Mo				COUNTY St. Francois				STATE Missouri			
21. I attended the deceased from Jan 13, 1962 to Jan 25, 1962 and last saw him alive on Jan 23-1 1962 Death occurred at 7:30 am on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE Esther Redloff (Degree or title)						22b. ADDRESS Farmington, Mo						22c. DATE SIGNED 1/26/62							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 1/28/62		23c. NAME OF CEMETERY OR CREMATORY K of P Cemetery				23d. LOCATION (City, town, or county) Farmington, Missouri									
24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo.						25. DATE RECD. BY LOCAL REG. Jan. 27, 1962		26. REGISTRAR'S SIGNATURE Esther Redloff											

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

Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address

Farmington 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.