

CERTIFICATE OF DEATH

FILED OCT 20 1969

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 61

DO NOT WRITE ON THIS STUB

9. 1

10a. 60

10b.

11. 0

12. 1

13. 182.9

14.

15. 4

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300

Rev. 1/68

40951

5. 01

DECEASED

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

6.0950

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1.		Iva	May	JONES	Female	October 16, 1969		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. White		5a. 60	5b. MOS. DAYS	5c. HOURS MIN.	November 22, 1908		Ste. Genevieve	
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. Ste. Genevieve		7c. Yes		7d. Ste. Genevieve County Memorial Hospital				
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. USA		10. Married		11. Philip F. 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. none		13a. Housewife		13b. At Home				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. Missouri		14b. Ste. Gen.	14c. Bloomsdale		14d. No		14e. Star Route	
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Clarence McClanahan						16. Ida Williamson		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Philip F. Jones				17b. Star Route, Box 31, Bloomsdale, Mo. 63627				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Metastatic carcinoma of the abdomen left AND						
		(b) carcinoma of the uterus					4 mo.	
		(c)					1 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)						A. ITOPSY (YES OR NO)		
19. Rheumatoid arthritis						19a. NO		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		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)		
20e.		20f.		20g.				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
21a. I ATTENDED THE DECEASED FROM		1	4	66	TO	10	16	
21b.		21c.		21d.		21e.		
				10-16-69		10-16-69		
21f.		21g.		21h.		21i.		
				did		8:30		
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 DECEASED WAS PRONOUNCED DEAD		DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
22a.		8:30 A. M.		10-16-1969		8:30 A. M.		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OF TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. Joseph F. Lutkewitte, M.D.		[Signature]		[Title]		23c. 10-17-69		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
23d. Hospital Lane & Center Drive		Ste. Genevieve		Missouri		63670		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		
24a. Burial		24b. Concord Cemetery		24c. Ste. Genevieve County, Mo.				
DATE		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP				
24d. Oct. 18, 1969		25a. Basler Funeral Home, Ste. Genevieve, Mo. 63670						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25b. Leo C. Basler		26a. George F. Wood		26b. Oct 17, 1969				

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

OCT 29 1969

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 Adrian J. Eller

Licensed Embalmer No. 4740

P. O. Address St. James, 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.