Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040428
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Carthage — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Carthage, 0453 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) McCune Brooks Hosp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1709 Clinton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Jane	Middle: Alexander	Last: Jones	4. DATE OF DEATH Month Day Year: Dec. 2, 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Oct. 27, 1889	9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: 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	11. BIRTHPLACE (City and state or country): Ione, N.Y.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Edward Alexander	13b. MOTHER'S MAIDEN NAME: Harriett White	14. NAME OF HUSBAND OR WIFE: Frank H. Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Frank H. Jones Jr. — Address: Carthage, Mo.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 446-X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): RHEUMATOID ARTHRITIS

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 6-3-55, to 12-2-58 and last saw her alive on 12-2-58. Death occurred at 10:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank H. Brown	(Degree or title): M. D.	22b. ADDRESS: Carthage	22c. DATE SIGNED: 12-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-4-58	23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery	23d. LOCATION (City, town, or county) (State): Carthage, Mo.
24. FUNERAL DIRECTOR: Ulmer Funeral Home	ADDRESS: Carthage, Mo.	25. DATE RECD. BY LOCAL REG.: 12-3-58	26. REGISTRAR'S SIGNATURE: Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

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DEC 11 1958

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.