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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000713
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Boonville — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph's Hosp. — Length of stay in 1b: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cooper
c. CITY OR TOWN: Boonville 0272 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1220 Rear Commercial — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LIDA Middle: BELLE Last: JONES

4. DATE OF DEATH Month: Jan. Day: 28, Year: 1959

5. SEX: female 3

6. COLOR OR RACE: colored

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Aug. 4, 1890

9. AGE (In years last birthday): 68 — 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: home

11. BIRTHPLACE (City and state or country): Speed, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Pete Henderson

13b. MOTHER'S MAIDEN NAME: America Rice Streets

14. NAME OF HUSBAND OR WIFE: Nathan 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.: unknown

17. INFORMANT: Nadine Jones Address: Boonville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic nephritis	3
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Hemorrhage 592.8

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Jan 23, 1959 to Jan 28, 1959 and last saw her alive on Jan 28, 1959
Death occurred at 10:15 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) TC Beckett MD

22b. ADDRESS Boonville Mo

22c. DATE SIGNED 1-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: Jan. 31/59

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county) (State): Boonville, Missouri

24. FUNERAL DIRECTOR ADDRESS: B. W. Thacher Boonville, Mo.

25. DATE RECD. BY LOCAL REG.: 1/30/59

26. REGISTRAR'S SIGNATURE: DE Hooper

(Licensed Embalmer's Statement on Reverse Side)

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 Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville

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.