

FILED APR 19 1950

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 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH
State File No. 12531
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431 Registrar's No. 15

## 1. PLACE OF DEATH

 a. COUNTY Franklin  
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Prairie Twsp c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hy 47, 200yds south of

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

 a. STATE Missouri b. COUNTY Franklin  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie Twsp 0260  
 d. STREET ADDRESS (If rural, give location) Lonedell, Mo. R.R.1 0

## 3. NAME OF DECEASED

a. (First) Jack b. (Middle) Rock c. (Last) School4. DATE OF DEATH (Month) (Day) (Year)  
April 10, 1950

## 5. SEX

Male

## 6. COLOR OR RACE

White7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

## 8. DATE OF BIRTH

Dec 10, 19059. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min.  
44 3 2110a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farming10b. KIND OF BUSINESS OR INDUSTRY  
Self11. BIRTHPLACE (State or foreign country)  
Perry Co. Ind.12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

## 13a. FATHER'S NAME

Purl Whitehouse

## 13b. MOTHER'S MAIDEN NAME

Gertrude Miller

## 14. NAME OF HUSBAND OR WIFE

Leona Whitehouse15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No. No.16. SOCIAL SECURITY NO.  
No.17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Gertrude Miller Whitehouse, St. Louis, Mo.

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Crushed Chest, Fracture Neck and Fracture BackINTERVAL BETWEEN ONSET AND DEATH  
58234  
32

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.  
Truck accident, lost control on curve

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
Accident21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Hy 4721c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
Prairie Franklin, Mo.21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
April 1, 1950 6:4521e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?  
Truck Accident ROR22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:45 PM from the causes and on the date stated above.

## 23a. SIGNATURE

[Signature]

(Degree or title)

3 Coroner

## 23b. ADDRESS

Sullivan, Missouri

## 23c. DATE SIGNED

4/1/50

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

4-5-50

## 24c. NAME OF CEMETERY OR CREMATORY

MA Hope

## 24d. LOCATION (City, town, or county) (State)

St. Louis County, Mo.

DATE REC'D BY LOCAL REG.

4-1-50

## REGISTRAR'S SIGNATURE

E. L. Worthington

## 25. FUNERAL DIRECTOR'S SIGNATURE

Casey Russell

## ADDRESS

St. Clair, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.480360  
1

RECEIVED  
APR 11 1950  
District Health Officer No. 9

FORWARD TO THE BOARD

AUG 10 1954

MAR 4 1955

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 \_\_\_\_\_

*Frank Amalony*

Student Embalmer No. 364

working under my personal supervision.

Student *Frank Amalony*  
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. HS 20

P. O. Address Hclair, 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 this body is not embalmed, fact should be so stated above.