No. 300
10-48

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22824

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 881

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 10 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rushville 0110
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): ALLEN
b. (Middle): LEROY
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): 8-1-1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 10-15-1943
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months 9, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Grade School
11. BIRTHPLACE (State or foreign country): St. Joseph, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank W. Jones
13b. MOTHER'S MAIDEN NAME: Maude Hughes
14. NAME OF HUSBAND OR WIFE: None

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'S SIGNATURE OR NAME / ADDRESS: Frank Jones, Rushville, Mo.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture, Right temporal. — INTERVAL BETWEEN ONSET AND DEATH: about 45 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Contusions of Chest and shoulders — 25

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 011
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rushville, Buchanan, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8. L. 50 4:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Child ran into the side of a truck

22. *I hereby certify that I attended the deceased from* 8-1 (8.1.), 1950, *to* 8-1 (8.1.), 1950, *that I last saw the deceased alive on* 8-1, 1950, *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Geo. P. Leroy, V.M.D.
23b. ADDRESS: 823 Faraon. St. Joseph, Mo.
23c. DATE SIGNED: 8-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 8-3-50
24c. NAME OF CEMETERY OR CREMATORY: Armstrong Cemetery
24d. LOCATION (City, town, or county) (State): Rushville, Missouri

DATE REC'D BY LOCAL REG.: Aug. 7, 1950
REGISTRAR'S SIGNATURE: E. C. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE: John E. Rupp
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1950

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 ..... Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3989

P. O. Address St. Joseph, 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.