

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34231

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ARKANSAS</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LITTLE ROCK</u> <u>8030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALES MEMORIAL</u>		d. STREET ADDRESS (If rural, give location) <u>R# 5</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>D.</u> c. (Last) <u>JAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 1 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec 14 1921</u>
9. AGE (In years last birthday) <u>28</u>		10. MONTHS <u>10</u>	11. DAYS <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EMP DYKES BRO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GLASS WORKER</u>	11. BIRTHPLACE (State or foreign country) <u>QUINTON OKLAHOMA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHARLES JAY</u>	
13b. MOTHER'S MAIDEN NAME <u>ETTA SHARP</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W-W-II</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray E. Jay</u>		ADDRESS <u>Little Rock Ark</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Injuries</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Chest</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		073	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway # 71</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton County Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) <u>11-1-1950</u>	(Hour) <u>9:15 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto overturned on leave</u>
22. 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 <u>9:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Orley Thompson</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Neosho Missouri</u>	
23c. DATE SIGNED <u>11/2/50</u>			
24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	24b. DATE <u>11-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>LITTLE ROCK ARK.</u>
DATE REC'D BY LOCAL REG. <u>Nov 2, 1950</u>	REGISTRAR'S SIGNATURE <u>Walter C. Bonner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM</u>	ADDRESS <u>MORTUARY</u>

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

737

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 1150-238

Date Filed 11/6/50

NOV 29 1950

NOV 14 1950

NOV 10 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 H. H. White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.