

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 841

#  
398

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u> <u>1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>EVERETT</u>	c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept</u> <u>30</u> <u>1951</u>
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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>March 4, 1921</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Simmons, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Garland Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Jones</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW II</u>	16. SOCIAL SECURITY NO. <u>93-16-9230</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nettie Jones, Houston, Missouri</u>	ADDRESS <u>Missouri</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compression of spinal cord</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown Cause</u>		
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>multiple abrasions and lacerations</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Scalp &amp; Face</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>107</u> <u>923-4</u> <u>28</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Near Houston mo</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Near Houston, Texas, mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9</u> <u>28</u> <u>51</u> <u>15</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Auto accident</u>
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22. I hereby certify that I attended the deceased from 9-28, 1951, to 9-30, 1951, that I last saw the deceased alive on 9-30, 1951, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas E. Ashby M.D.</u>	23b. ADDRESS <u>350 Walland Plaza Springfield mo</u>	23c. DATE SIGNED <u>10-1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-1-51</u>	REGISTRAR'S SIGNATURE <u>W E Landley WDO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Zahmeyer</u>	ADDRESS <u>Springfield, mo</u>
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*Dr Ashley  
Holland B*

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OCT 1 3 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Bernard F. Wright*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4293*

P. O. Address *Springfield*

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.