

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

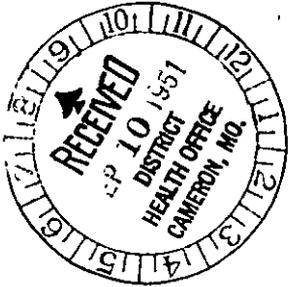
State File No. **30049**

FILED SEP 20 1951

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 120

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> c. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL (Trenton)</u> c. LENGTH OF STAY (in this place) <u>Auto Accident</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u> <u>0402</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>highway 6 1 mi W. Trenton, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1210 HARRIS AVE</u> <u>0</u>	
3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>DALE</u> c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>APR. 20 1935</u>
9. AGE (In years last birthday) <u>16</u> IF UNDER 1 YEAR Months <u>4</u> IF UNDER 11 HRS. Days <u>4</u> Hours <u>4</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Dale Jones.</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Hollinger.</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dale Jones</u> ADDRESS <u>Trenton, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured Cervical Vertebrae</u> ANTECEDENT CAUSES <u>with head injury and internal abdominal injuries</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Auto Accident in which he was thrown from car</u> 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 <u>NO</u> <u>823.4</u> <u>22</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SURFIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Trenton Township Trenton Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-24-1951 9:30 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Was thrown from automobile</u>	
22. I hereby certify that I attended the deceased from <u>on 8-24, 1951, to as coroner</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. J. Mason M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton Mo.</u>	23c. DATE SIGNED <u>8-25-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug 27 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K.P. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>
DATE REC'D BY LOCAL REG <u>8/27/51</u>	REGISTRAR'S SIGNATURE <u>Jane Fair</u> <u>115</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis Blackmore</u> ADDRESS <u>Trenton, Mo.</u>	



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 _____

Myself

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James A. Davis

Licensed Embalmer No. 3424

P. O. Address Leontown, MD

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.