

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37893

State File No.

W. W. J. Jones
FILED DEC 4 1951

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL - Rock Township.</u>		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL - Rock Township</u>		d. STREET ADDRESS (If rural, give location) <u>Kimmswick, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>C.</u> c. (Last) <u>Naes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>June 1, 1928</u>		9. AGE (In years last birthday) <u>23</u>		10. IF UNDER 1 YEAR OF AGE (Specify) <u>5</u> <u>17</u> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Kimmswick, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>William Naes</u>		13b. MOTHER'S MAIDEN NAME <u>CHARA M. ARNOLD</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes</u> <u>W.W.I.</u>		16. SOCIAL SECURITY NO. <u>494-26-9907</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PAUL NAES - Kimmswick Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>As results from injuries suffered in an automobile accident such injuries being</u>		ANTECEDENT CAUSES: <u>Due to (b) a crushed head, a broken neck a cerebral hemorrhage and a punctured lung, as per testament given by</u>				<u>E 8234</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Dr. T. Dobbins, County Health Officer (supp report)</u>						<u>31</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>highway 61-67</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Imperial, Mo. Rock Township Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/18/51 1:45am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident</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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jan J. Long</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>RR 1 De Soto Mo</u>		23c. DATE SIGNED <u>11-19-51</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs. CATHOLIC</u>		24d. LOCATION (City, town, or county) (State) <u>Kimmswick Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11-24-51</u>		REGISTRAR'S SIGNATURE <u>Ruth Jissa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heiligtag FUNERAL Home</u>		ADDRESS <u>Kimmswick Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0500

DATE RECEIVED 11-27-51
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

DEC 25 1951

DEC 13 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.....
Student Embalmer

Signed Elmer H. Whitag

Licensed Embalmer No. 3571

P. O. Address H. immenich

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.