S. No. 300
v. 10.48

FILED JUN 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17041

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5-5-96 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - Valle
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 21, Near DeSoto, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2239
d. STREET ADDRESS (If rural, give location): 209 Duchouquette

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) Koons

4. DATE OF DEATH (Month) (Day) (Year): May 24 1952

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 24, 1921

9. AGE (In years last birthday): 31 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Punch Press Oper

10b. KIND OF BUSINESS OR INDUSTRY: Emerson Elec. Co

11. BIRTHPLACE (City and State or Foreign Country): Hoxie, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Koons

13b. MOTHER'S MAIDEN NAME: Ellen Middleton

14. NAME OF HUSBAND OR WIFE: Mary Villmer Koons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes Peace Time

16. SOCIAL SECURITY NO.: 298-07-6250

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary Koons — **ADDRESS**: St Louis, 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) Accidentally Due to Excessive Speed and crashing into a

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Telegraph pole causing fracture

DUE TO (c) of head, chest and one arm,

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* only one car involved

INTERVAL BETWEEN ONSET AND DEATH: E8234 31

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

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.): Highway 21

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 5 Miles South of DeSoto Jefferson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 24 1952 6:00 P. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Speeding auto left hwy. Crashed into electric pole.

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 (Degree or title): Earl Long Coroner

23b. ADDRESS: RR1 DeSoto

23c. DATE SIGNED: 5-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-28-52

24c. NAME OF CEMETERY OR CREMATORY: Mount Hope

24d. LOCATION (City, town, or county) (State): St. Louis, Co. Mo.

DATE REC'D BY LOCAL REG.: 6-4-52

REGISTRAR'S SIGNATURE: Marie Garrard

25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: McLaughlin's 2301 Lafayette St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JUN 4 - 1952

JUN 12 1952

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.