

FILED AUG 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28999
Registrar's No. 163

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5938</u>		Registrar's No. <u>163</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla Rural-Arlington</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla Rural - Dillon Township</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #1, Rolla</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Highway 66</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1952</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobby</u>		b. (Middle) <u>Eldo</u>		c. (Last) <u>Jones</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>19 October 1931</u>	
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Emil Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Ethel Baxter</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes April 1952</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B. J. BAJORIN, Major, MSC Ft. Wood, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive subdural hemorrhage</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Massive cerebral edema</u> DUE TO (c) <u>Massive cerebral edema</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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>Hiway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Rolla - west - Phelps</u> (COUNTY) <u>Missouri</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 24, 1952 2245</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>			
22. I hereby certify that I attended the deceased from <u>DEAD ON ARRIVAL</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2245 hrs</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>THOMAS J. CUMMINGS 1st Lt MC</u>				23b. ADDRESS <u>Ft. Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>20 Aug 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belle Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 27, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steel</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedger</u>		ADDRESS <u>Crocker, Mo.</u>	

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

12-10-67

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 Walter J. Hedger

Signed.....
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Meris 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.