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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29118**
Registrar's No. **186**

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (In this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 1501 Gallaher	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1501 Gallaher			

3. NAME OF DECEASED (Type or Print) EVERETT a. (First) b. (Middle) ** c. (Last) JONES			4. DATE OF DEATH Sept 11, 1952 (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH May 28, 1901		9. AGE (In years last birthday) 51		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Riveter		10b. KIND OF BUSINESS OR INDUSTRY RR Car Mfg.		11. BIRTHPLACE (State or foreign country) Crocker, Missouri	

13a. FATHER'S NAME Earl Jones		13b. MOTHER'S MAIDEN NAME Martha Foster		14. NAME OF HUSBAND OR WIFE Della Lynch (Divorced)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 498-05-4639		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stella Matticker (Sister) St. Charles, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertensive cardio-vascular disease DUE TO (c) 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 9 days 5 yrs
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19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 443X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **8-8-52, 19**, to **9-11-52, 19**, that I last saw the deceased alive on **9-10-52**, and that death occurred at **100 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE G. A. Reeves, M.D. (Degree or title) M.D.		23b. ADDRESS 207 N. 5th St. St. Charles, Mo.		23c. DATE SIGNED 9-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept 13, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county), (State) St. Charles, Missouri					

DATE REC'D BY LOCAL REG. 9-12-52		REGISTRAR'S SIGNATURE Francis Hammett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Dallmeyer & Sons, St. Charles, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 29 1959

OCT 24 1959

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

Herbert G. Dallmeyer

Licensed Embalmer No. *4546*

P. O. Address

St. Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.