

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13182**

FILED APR 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5033 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rual, Louter</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Murrayville, Ill.</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>10 mi. E. Mexico hgw. 54</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIAN</u>		b. (Middle) <u>RAY</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 53</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 21, 1891</u>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Winchester, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	

13a. FATHER'S NAME <u>James Andell</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Truitt</u>		14. NAME OF HUSBAND OR WIFE <u>Warren Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or not unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marcus Smith, Jacksonville, Ill.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(Inquest With Jury) from injuries received in headon collision of two automobiles on Highway 54 Nine Miles E. Of Mexico, Mo.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS: <u>Crushed Chest, Fracture of Right Humerous and Right Maxillary, with abrasions on legs &amp; Right Breast</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>in 4 E 8104 20</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Highway 54</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Louter Township Audrain Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 13, 1953 5:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision between two automobiles</u>	

22. I hereby certify that I attended the deceased from Coroners Inquest with Jury, that I last saw the deceased Dead on Dead 4/13/53, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. C. Adams, M.D. Coroner, Mexico Mo.</u>		23b. ADDRESS <u>Mexico Mo.</u>		23c. DATE SIGNED <u>4-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 14, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Murrayville</u>	
		24d. LOCATION (City, town, or county) (State) <u>Murrayville, Ill.</u>			

DATE REC'D BY LOCAL REG. <u>April 14, 1953</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Prude</u>		ADDRESS <u>Mexico, Ill.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Weymouth, Ma

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.