

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15236**

FILED APR 22 1953

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **4409** Registrar's No. **83**

810
3

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

1. PLACE OF DEATH a. COUNTY P helps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY OR TOWN Newburg		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rolla	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway "T" Entering Newburg		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) ELMER EUGENE JONES			e. STREET ADDRESS (If rural, give location) 224 So. Faulkner		0812
a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Apr. 13, 1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 14, 1923	
5. SEX Male		6. COLOR OR RACE White		9. AGE (In years last birthday) 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter & Operator		10b. KIND OF BUSINESS OR INDUSTRY Cafe		11. BIRTHPLACE (City and State or Foreign Country) Granite City, Illinois	
13a. FATHER'S NAME Jesse Jones		13b. MOTHER'S MAIDEN NAME Lizzie Gray		14. NAME OF HUSBAND OR WIFE Mildred Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. No. 2		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Jones ADDRESS 224 So. Faulkner	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage (Internal) due to crushed chest....Skull fractures. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Immediate.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Newburg Phelps Mo.,	
21d. TIME OF INJURY Apr. 13, 1953 12:55A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Driving Automobile and lost control of car.	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on Apr. 13 1953 , and that death occurred at 12:55A m., from the causes and on the date stated above.					
23a. SIGNATURE S. B. M... 3 (Degree or title) Coroner			23b. ADDRESS Rolla Missouri		23c. DATE SIGNED 4-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 16, 1953		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	
				24d. LOCATION (City, town, or county) (State) Rolla Phelps Mo.,	
DATE REC'D BY LOCAL REG. Apr. 16, 1953		REGISTRAR'S SIGNATURE Nadine L. Steel		25. FUNERAL DIRECTOR'S SIGNATURE N... Son Funeral Home ADDRESS Rolla Mo	

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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
Signature of Student Embalmer

Signed S. G. Y. Miller

Licensed Embalmer No. 2394

P. O. Address Miller

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.