No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24368

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN
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): HI-WAY 66 + EAST ENTRANCE TO SULLIVAN, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VALLEY PARK MO
d. STREET ADDRESS (If rural, give location): 111 ANN AVE. 4961

3. NAME OF DECEASED (Type or Print)
a. (First): JESSE
b. (Middle): EVERSON
c. (Last): TRUE

4. DATE OF DEATH (Month) (Day) (Year): JULY 25 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: SEPT. 10 1903
9. AGE (In years last birthday): 49 ~~51~~ — IF UNDER 1 YEAR: Months 10, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: SHOE INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): KENTUCKY 1
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: ANDREW TRUE
13b. MOTHER'S MAIDEN NAME: ADA INSKIP
14. NAME OF HUSBAND OR WIFE: DOROTHY TRUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 280-05-4679
17. INFORMANT'S SIGNATURE OR NAME: Dorothy True — ADDRESS: Valley Park, 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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): In auto-truck accident on

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hwy #66. 1 miles east of
DUE TO (c): Sullivan, at Entrance to Town

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fractured Skull + right arm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4 Internal Injuries 0360
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.): Hwy #66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sullivan, Meramec, Franklin, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 25, 1953 5:20 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: In auto accident on Hwy #66

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): Ernst L. Oltmann 3 Coroner
23b. ADDRESS: Gerald, Missouri
23c. DATE SIGNED: July 25 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: SUNSET CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO

DATE REC'D BY LOCAL REG.: 7/26/53
REGISTRAR'S SIGNATURE: [signature] 97-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kingshouse Mort 4228 S Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1953

SEP 23 1954

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 Richard W. Stevenson

Licensed Embalmer No. 4007

P. O. Address St. Louis

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.