

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31110**

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5130 Registrar's No. 1029

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Rush Twp	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Rural Rush Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Mi. So. of Rushville		d. STREET ADDRESS (If rural, give location) Rural Route # 1	

3. NAME OF DECEASED (Type or Print) a. (First) Fred	b. (Middle) T.	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Sept. 21 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 13, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri	9. AGE (In years last birthday) 74
13a. FATHER'S NAME Albert T. Jones		13b. MOTHER'S MAIDEN NAME Catherine McCarty	14. NAME OF HUSBAND OR WIFE Bessie
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Jones, Rushville, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Crushing injury of right chest.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day.</i>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (b) <i>Numerous cuts and bruises on head and chest.</i>		
2. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	DUE TO (c) <i>Man was fatally injured when the tractor he was driving ran over a</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>back and the man was thrown into a ditch.</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Farm</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Rushville (Rural) Buchanan, Mo.</i>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Sept 21 - 1953 7:45 P</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Thrown from a tractor</i>
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22. I hereby certify that I pronounced the deceased *dead* on *9/22*, 19*53*, at *7:15 A* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H F Mundy MD (Coroner)</i>	23b. ADDRESS <i>St Joseph, Mo.</i>	23c. DATE SIGNED <i>9/22/53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept 23, 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sugar Creek Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Rushville Missouri</i>
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DATE REC'D BY LOCAL REG. <i>Sept 25, 1953</i>	REGISTRAR'S SIGNATURE <i>Kather M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. M. Meyer Atchison, Kan.</i>
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(Licensed Embalmer's Certificate on Reverse Side)

OCT 20 1958

SEP 20 1958

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 _____

Licensed Embalmer No. 4320

P. O. Address Atchison, Kan

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.