

# STANDARD CERTIFICATE OF DEATH

State File No. 9203

FILED **APR 8 1954** REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5395 Registrar's No. 26

<b>1. PLACE OF DEATH</b> a. COUNTY <u>UNKNOWN Jefferson</u> b. CITY (If outside corporate limits, write RURAL, and give town or township) <u>Rock Township</u> c. LENGTH OF STAY (in this place) <u>1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNKNOWN</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>UNKNOWN</u> b. COUNTY <u>UNKNOWN</u> c. CITY OR TOWN <u>UNKNOWN</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>UNKNOWN Found</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>UNKNOWN</u> b. (Middle) <u>UNKNOWN</u> c. (Last) <u>(BONES)</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) <u>March</u> (Day) <u>12</u> (Year) <u>1954</u>		
<b>5. SEX</b> <u>UNKNOWN</u>	<b>6. COLOR OR RACE</b> <u>UNKNOWN</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>UNKNOWN</u>	<b>8. DATE OF BIRTH</b> <u>UNKNOWN</u>	<b>9. AGE</b> (In years, months, days, hours, min.) Months <u>9</u> Days <u>9</u> Hours <u>9</u> Min. <u>9</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>UNKNOWN</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>UNKNOWN</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>UNKNOWN</u>					

<b>13a. FATHER'S NAME</b> <u>UNKNOWN</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNKNOWN</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>UNKNOWN</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>	<b>16. SOCIAL SECURITY NO.</b> <u>UNKNOWN</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>T. B. EDWARDS CORONER</u> ADDRESS <u>UNKNOWN</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Unknown - Most of bones</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Found in old grave.</u> DUE TO (c) <u>This grave was found while digging dirt - see above</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <u>1955</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Found</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

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.

<b>23a. SIGNATURE</b> <u>T. B. Edwards M.D. Coroner</u>	<b>23b. ADDRESS</b> <u>Gaspar Hill</u>	<b>23c. DATE SIGNED</b> <u>3/12/54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>MAR 13, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>BURGESS CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>ANTONIA MO</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Mar 20, 54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ruth J. ...</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>HELLIGTAG FUNERAL HOME IMPERIAL MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED      MAY 23 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

*Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed.. *Arthur W. Heilig*

Licensed Embalmer No. *38*

P. O. Address *Superior*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.