No. 300
10.48

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5601 State File No. 23476

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. ~~3033~~ Registrar's No. 85

510
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Warrensburg,
c. LENGTH OF STAY (In this place): 90 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. #50 Highway, Johnson Co. Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Stoddard,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomfield, 10 30
d. STREET ADDRESS (If rural, give location): Bloomfield, Missouri

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) WESLEY c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year): July 6th. 1954

5. SEX: Male 9
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Dovorced 3
8. DATE OF BIRTH: Sept. 23, 1896
9. AGE (In years last birthday): 57 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter,
10b. KIND OF BUSINESS OR INDUSTRY: Bridge Construction
11. BIRTHPLACE (State or foreign country): Texas, 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Wesley Jones
13b. MOTHER'S MAIDEN NAME: Sarah E. Stallings,
14. NAME OF HUSBAND OR WIFE: Lena Jones, Bloomfield, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 488-12-0834
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Dock B. Jones, DeKalb, Texas.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Land Slide on Construction Job,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. on U.S. #50 Highway west of Warrensburg, Mo.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E9255 6
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accidental
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): Highway #50, Johnson
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): County, Missouri, 051
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 6, 1954 11:#A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Land Slide, cave in on Bridge Construction

22. *I hereby certify that I attended the deceased from _____, 19__, to 7-6-, 1954, that I last saw the deceased* Dead *alive on 7-6-, 1954, and that death occurred at* 11 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kelly Rawlins M.D. Coroner
23b. ADDRESS: Holden Mo
23c. DATE SIGNED: 7-7-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-9-1954
24c. NAME OF CEMETERY OR CREMATORY: Walker Cemetery,
24d. LOCATION (City, town, or county) (State): Stoddard County, Missouri

DATE REC'D BY LOCAL REG.: July 20, 1954
REGISTRAR'S SIGNATURE: Savannah Crutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R.A. Brauninger, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 26 1954
JOHNSON COUNTY HEALTH DEPT.

VS JAN 18 1960

OCT 5 1954

AUG 4

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 R A Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.