

FILED NOV 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36362

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 402

1. PLACE OF DEATH a. CITY <u>A dair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>A dair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elizabeth St., Wabash R.R. Crossing</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nile</u> b. (Middle) <u>Duane</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH <u>Nov. 10, 1954</u> (Month) (Day) (Year)			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never married</u> (Specify)	8. DATE OF BIRTH <u>June 11, 1935</u>	9. AGE (In years last birthday) <u>19</u>	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) <u>clerk, Davis Cleaver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Feed Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adair County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Nile E. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Gladys Schillie</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nile E. Jones, Novinger, Mo.</u> ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal injuries &amp; Skull fracture</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8104 27</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Wabash R.R. Crossing</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirksville, Adair Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/10/54 6:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Train struck car he was driving, on way to work.</u>

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 6:30 a.m. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert B. Davis, Coroner</u>		23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>11/10/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/12/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ringo Point</u>	24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-13-54</u>	REGISTRAR'S SIGNATURE <u>W. Lambert 1-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Kirksville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Kenneth E. Hayes*

Licensed Embalmer No. *4890*

P. O. Address *Hicksville, Mo*

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

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