

No. 300
10.48

FILED DEC 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36996

State File No.

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. 505

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Don't Know</u> b. COUNTY <u>Don't Know</u>	
b. CITY OR TOWN <u>Union</u>		c. CITY OR TOWN <u>Don't Know</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0360</u>	

3. NAME OF DECEASED (Type or Print) <u>Benjamin</u>	a. (First)	b. (Middle) <u>H.</u>	c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Don't Know</u>	8. DATE OF BIRTH <u>July 31 1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Don't Know</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Don't Know</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Litchfield, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Don't Know</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>Don't Know</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>World War 2</u>	16. SOCIAL SECURITY NO. <u>454-16-9349</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben D. Jones</u>	ADDRESS <u>Walden, Ill</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Head & Body</u> <u>E 8124</u> <u>25</u>		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hit by car on Highway</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u># 66 while walking</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g. in or about home, in or on street, on a bldg., etc.) <u>Highway</u>	21c. CITY, TOWN, OR TOWNSHIP <u>Union Union Franklin Mo</u>	COUNTY <u>Franklin</u>	STATE <u>Mo</u>
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21d. TIME OF INJURY <u>Nov 19 1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car hit him while walking</u>
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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 _____, _____, from the causes and on the date stated above.

23a. SIGNATURE <u>Clayde Williams</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Union, Mo</u>	23c. DATE SIGNED <u>Nov 19, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11-23-54</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-23-54</u>	REGISTRAR'S SIGNATURE <u>Clayde Williams</u>	98-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.F. Ottmann</u>	ADDRESS <u>Union, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

360
3

MS SEP 17 1954

DEC 30 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.....
Signature of Student Embalmer

Signed..... *E. F. Oltmann*

Licensed Embalmer No. *1686*

P. O. Address..... *Union*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.