

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37862

State File No. ....

FILED NOV 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Lebanon</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Lebanon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>324 Bland Ave.</u>		STREET ADDRESS (If rural, give location) <u>324 Bland Ave.</u> <span style="float: right;">0530</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>L.</u> c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 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>Married</u>	8. DATE OF BIRTH <u>Jan 1, 1928</u>	9. AGE (In years less birthday) <u>26</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Att.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Automotive</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Elva L. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Ferby Osborne</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Jones</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WW II</u>	16. SOCIAL SECURITY NO. <u>497-22-3252</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elva L. Jones</u>	ADDRESS <u>Lebanon, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self-inflicted bullet wound in the descending aorta.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None.</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon Laclede Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 6, 1954 9:30 P.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>Suicide</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 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>11-8-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-10-1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Lebanon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 11-15-54  
Laclede County Health Unit  
File No. 124  
Date Filed 11-15-54

NOV 15 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 Stanley R Palmer

: Licensed Embalmer No. 4810

P. O. Address Lebanon

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.