

NOV 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42060

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6543 Registrar's No. 488

910
3

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

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| 1. PLACE OF DEATH a. COUNTY Ripley | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Flatwoods | | c. LENGTH OF STAY (In this place) c. CITY OR TOWN Doniphan | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 10 mi. E. Doniphan #160 | | • STREET ADDRESS (If rural, give location) 709 E. Locust | |

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|-------------------------------------|-------------------------|------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) EDDIE | b. (Middle) MAX | c. (Last) JONES | 4. DATE OF DEATH (Month) (Day) (Year) November 4, 1954 |
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|--------------------|-------------------------------|---|--|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH Sept. 24, 1936 | 9. AGE (In years last birthday) 18 | IF UNDER 1 YEAR: Months 3 Days 10 | IF UNDER 24 HRS: Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mercantile clerk | 10b. KIND OF BUSINESS OR INDUSTRY Grocery & Cloth. | 11. BIRTHPLACE (City and State or Foreign Country) Riverton, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Beecher N. Jones | 13b. MOTHER'S MAIDEN NAME Dona Woodring | 14. NAME OF HUSBAND OR WIFE never married |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 496-38-7716 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Dona Jones | ADDRESS Doniphan, Missouri |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH instant |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Broken L neck & back DUE TO (c) Auto accident | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 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) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #160 | 21c. (CITY, TOWN, OR TOWNSHIP) 091 (COUNTY) Ripley (STATE) Missouri |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 4, 1954 8p | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Auto left hiway, turn over, threw him from auto. |
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22. I hereby certify that I attended the deceased from **Aug 1954** to **Nov 4, 1954**, that I last saw the deceased alive on **11-4, 1954**, and that death occurred at **8:00p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Frank Johnson MD | 23b. ADDRESS Doniphan, Mo | 23c. DATE SIGNED 11-15-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Nov. 6, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery | 24d. LOCATION (City, town, or county) (State) Doniphan, Missouri |
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| DATE REC'D BY LOCAL REG. 11-19-54 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Edwards Funeral Home Doniphan, Mo. |
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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 *Gene Harrett*

Licensed Embalmer No. *4809*
P. O. Address *Douglas*

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.