

FILED APR 5 1955

STANDARD CERTIFICATE OF DEATH

State File No. 10477
586

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>			
b. CITY OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (If this place township) <u>2-2-55</u>		c. CITY OR TOWN <u>Jefferson City</u>		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 <u>St. Louis Hosp</u>				STREET ADDRESS (If rural, give location) <u>R.R. 325 R. East Elm Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u>		b. (Middle) <u>Franklin</u>		c. (Last) <u>Jinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 9 55</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>7/1/1941</u>	
9. AGE (In years last birthday) <u>13 + 4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Business</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Russell Jinson</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Ferguson</u>		14. NAME OF HUSBAND OR WIFE <u>single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.W. Yankee Jefferson City, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of Spleen - Traumatic</u> INTERVAL BETWEEN ONSET AND DEATH _____ 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. <u>Compound, comminuted fracture of Right tibia & Fibula</u>					
19a. DATE OF OPERATION <u>3-8-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Traumatic Rupture of Spleen.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Hiway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis, Mo.</u>		21d. (COUNTY) <u>25</u> (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-8-55 7:30 p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by car while crossing Hiway</u>			
22. I hereby certify that I attended the deceased from <u>3-8</u> , 1955, to <u>3-8</u> , 1955, that I last saw the deceased alive on <u>3-8</u> , 1955, and that death occurred at <u>12:45 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert W. Lahr M.D.</u>				23b. ADDRESS <u>601 So. Brentwood</u>		23c. DATE SIGNED <u>3/9/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-8-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Longmead Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-9-55</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert R. Donker</u>		ADDRESS <u>Hubert R. Donker</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

4/6/55 eb

APR 7 1953

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..... *Felix Hernandez*

Licensed Embalmer No. *503*

P. O. Address *Kirkwood*

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.