

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 419

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH, MISSOURI</u> c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		c. CITY OR TOWN <u>CRAIG</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>MISSOURI METHODIST HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>0440</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLEN</u> b. (Middle) <u>DALE</u> c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 17, 1955</u>	
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>JUNE 30, 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRACTOR</u>	9. AGE (In years last birthday) <u>42</u> # UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>CLARINDA, IOWA..</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ELMER JONES</u>		13b. MOTHER'S MAIDEN NAME <u>CORA SMITH</u>	
14. NAME OF HUSBAND OR WIFE <u>ALICE JONES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR II</u>		16. SOCIAL SECURITY NO. <u>488, 14, 6421</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Jones Oregon, Mo.</u>		ADDRESS	
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>Fractured skull - severe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Concussion -</u> DUE TO (c) <u>Automobile Accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Highway Accid</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Public Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>UnionTwp. (US 275)</u> (STATE) <u>Holt Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 14 55 9:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Two car collision</u>			
22. I hereby certify that I attended the deceased from <u>4/10, 1955</u> to <u>4/17, 1955</u> , that I last saw the deceased alive on <u>4/17, 1955</u> , and that death occurred at <u>1040 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert R. Conrad M.D.</u>		23b. ADDRESS <u>St. Joseph Mo.</u>	
23c. DATE SIGNED <u>4/18/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 20, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 22, 1955</u>		REGISTRAR'S SIGNATURE <u>Lathen M. Allison</u> <u>485</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u>		ADDRESS <u>Oregon Mo.</u>	

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 *James H. Pettigrew*.....
Licensed Embalmer No. *3192*.....
P. O. Address *Oregon*.....

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.