

23176

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 9 - 1955

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Phelps</u>  |  | 2. USUAL RESIDENCE (Where, according to usual custom, he resided before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Dillon township</u> ) | c. LENGTH OF STAY (in this place) <u>4 years</u> | c. CITY OR TOWN <u>Rural-Dillon twp.</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile North of Rolla Airport</u>                      |  | STREET ADDRESS (If rural, give location) <u>1 mile North of Rolla Airport</u>  |   |

|                                     |                          |                           |                        |  |
|-------------------------------------|--------------------------|---------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>THOMAS</u> | b. (Middle) <u>SIDNEY</u> | c. (Last) <u>JONES</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 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>October 8, 1880</u> | 9. AGE (in years last birthday) <u>74</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---|---|---|---|

|   |   |   |  |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper, ret.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific R.R.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|---|---|--|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>Thomas Henry Jones</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann O'Malley</u> | 14. NAME OF HUSBAND OR WIFE <u>Gertrude A. Jones</u> |
|--|--|--|

|  |                                     |  |
|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Gertrude A. Jones Rt. 1 Rolla</u> |
|--|-------------------------------------|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)<br><br>*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 <u>2-3 days</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Cerebral hemorrhage</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS <u>Previous cerebral hemorrhage (several yrs)</u>  |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from past 10 or 12 yrs., 19\_\_\_\_, that I last saw the deceased alive on 7-29, 1955 and that death occurred at 11:40 A.M., from the causes and on the date stated above.

|  |                               |                                |
|--|-------------------------------|--------------------------------|
| 23a. SIGNATURE <u>E. E. Feind m.d.</u> (Degree or title) | 23b. ADDRESS <u>Rolla mo.</u> | 23c. DATE SIGNED <u>8-3-55</u> |
|--|-------------------------------|--------------------------------|

|   |                                 |   |  |
|---|---------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>August 1, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Flat Grove Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Phelps County, Missouri</u> |
|---|---------------------------------|---|--|

|  |   |     |  |                           |
|--|---|-----|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>Aug 4-1955</u> | REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> | 479 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u> | ADDRESS <u>Rolla, Mo.</u> |
|--|---|-----|--|---------------------------|

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

0.300  
0.48

RECEIVED

Shelby County Health Officer,

Cause No. Number 187

Date Filed August 8, 1955

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..... Paul E. Mull

Licensed Embalmer No. 44

P. O. Address Polla

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.