

FILED OCT 7-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31071**
7627

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS	

1. PLACE OF DEATH a. COUNTY: **St Louis**
 2. USUAL RESIDENCE a. STATE: **Missouri** b. COUNTY: **St Louis**
 c. CITY OR TOWN: **St Louis**
 d. FULL NAME OF HOSPITAL OR INSTITUTION: **St. Ann's Phylis Hosp**
 STREET ADDRESS: **1880 Theresa**

3. NAME OF DECEASED (Type or Print)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
6. SEX OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State; Foreign Country)	12. CITIZEN OF WHAT COUNTRY?

3. NAME OF DECEASED: **Walter**
 b. (Middle): **Jared** c. (Last): **Jared**
 4. DATE OF DEATH: **Aug 28 1955**
 6. SEX OR RACE: **Male Negro**
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Widowed**
 8. DATE OF BIRTH: **20 Sept 1917**
 9. AGE: **37**
 10a. USUAL OCCUPATION: **Motor**
 10b. KIND OF BUSINESS OR INDUSTRY: **Motor**
 11. BIRTHPLACE: **Missouri**
 12. CITIZEN OF WHAT COUNTRY: **U.S.**

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS

13a. FATHER'S NAME: **Walt Jones**
 13b. MOTHER'S MAIDEN NAME: **Bernia Bennett**
 14. NAME OF HUSBAND OR WIFE: **Annie May Jones**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES?: **No**
 16. SOCIAL SECURITY NO.: **429-28 8188**
 17. INFORMANT'S SIGNATURE OR NAME: **Annie May Jones**
 17. ADDRESS: **1880 Theresa**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): **Heat Stroke**
 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (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?

19a. DATE OF OPERATION: _____
 19b. MAJOR FINDINGS OF OPERATION: _____
 20. AUTOPSY? YES NO
 21a. ACCIDENT (Specify): **Accident**
 21b. PLACE OF INJURY: **acc**
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): **ccc**
 21d. TIME OF INJURY: _____
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR?: _____

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Print or Title)	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

23a. SIGNATURE: **Patrick C. Taylor**
 23b. ADDRESS: **Corner 1300 Clark**
 23c. DATE SIGNED: **8.31.55**
 24a. BURIAL, CREMATION, REMOVAL (Specify): **removal**
 24b. DATE: **1 Sept 55**
 24c. NAME OF CEMETERY OR CREMATORY: _____
 24d. LOCATION (City, town, or county) (State): **Osceola Arkansas**
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: **Earl Smith 140 Reliable Funeral Hse 1221 7th Jybr**

DATE REC'D BY LOCAL REG. OFFICE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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DATE REC'D BY LOCAL REG. OFFICE: **AUG 31 1955**
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: **Earl Smith 140 Reliable Funeral Hse 1221 7th Jybr**

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

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 V. Freeman*

Licensed Embalmer No. *4682*

P. O. Address *4779 Hamm*

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.