

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8756

| | | | | | | | | | |
|---|----------------------------------|---|--|---|---|--|---|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 128 | | PRIMARY REG. DIST. NO. 2000 | | Registrar's No. 263 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (In this place) <u>4 hours</u> | | c. CITY OR TOWN <u>Lebanon</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>Burge Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Cedar Crest Addition</u> 057 J | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lavell</u> | | | b. (Middle) | | c. (Last) <u>Jones</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1956</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>March 1, 1934</u> | 9. AGE (In years last birthday) <u>22</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>Mechanic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Grove Springs, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Lavern Jones</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Vada Pitts</u> | | 14. NAME OF HUSBAND OR WIFE <u>Melba Jones</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>486-34-7068</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lavern Jones Lebanon, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL EDEMA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL CONTUSION</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8234 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE *HOMICIDE <input checked="" type="checkbox"/> <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>hwy</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rity Limits of Lebanon, Laclede Missouri</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>3-20-56 3:30A</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>One car accident - Car passed truck - lost control - left road & overturned.</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>3-20, 1956</u> , to <u>3-20, 1956</u> , that I last saw the deceased alive on <u>3-20, 1956</u> and that death occurred at <u>3:30Pm.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>John C. Young M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>609 Cherry St.</u> | | 23c. DATE SIGNED <u>3-21-56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>March 22, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rose Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>3-23-56</u> | | REGISTRAR'S SIGNATURE <u>Edward Williamson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer Funeral Home Lebanon, Mo.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1953

NOT

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 *Lewis G. Schaff*

Licensed Embalmer No. *3802*

P. O. Address *Springfield*

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.