

S. No. 300
v. 10.48

FILED AUG 20 1956.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26267

State File No.

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Geary</u>	
b. CITY OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Fort Riley</u>	d. Residence within limits of city or incorporated town? <u>Yes</u>
c. LENGTH OF STAY (in this place) <u>10 min.</u>		e. STREET ADDRESS (If rural, give location) <u>g158</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ALICE</u> c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 22, 1922</u>	9. AGE (In years last birthday) <u>34</u>	10. UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	11. UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ray Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>William Jones</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Jones</u> ADDRESS <u>Fort Riley, Kans.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal injuries, Right leg and</u> <u>Right Arm, mangled.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto. hit Concrete bridge</u> DUE TO (c) <u>Highway 24, 2 miles east of Carrollton, Mo.</u>		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 (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 24</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton Carroll MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 18, 1956 12:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>CAR Hit Bridge on Highway 24</u>

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 12:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray Dickerson Coroner</u>	23b. ADDRESS <u>Bozard Mo</u>	23c. DATE SIGNED <u>Aug 18 1956</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cern</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe City MO</u>
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DATE REC'D BY LOCAL REG. <u>8-18-56</u>	REGISTRAR'S SIGNATURE <u>Mr Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Wilson & Sons</u> ADDRESS <u>Monroe City MO</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 18 1961

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 *Ben W. Gibson*

Licensed Embalmer No. *296*

P. O. Address *Arrollton*

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.