

No. 300
10. 48

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29672

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6266 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u>	
b. CITY OR TOWN <u>RURAL HIGH PRARIE</u>		c. CITY OR TOWN <u>RURAL BOONE</u> 1140	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>11 MI S.E. MARSHFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>GLEN</u>	c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 26 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>NOV 7 1943</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months Days Hours Mins.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>ROBERT JONES</u>	13b. MOTHER'S MAIDEN NAME <u>ELNA GOOD</u>	14. NAME OF HUSBAND OR WIFE
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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>ROBERT JONES HARTVILLE MO R2</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>accidentally ran over by milk truck</u>		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Country road</u>	21c. (CITY, TOWN) OR TOWNSHIP (COUNTY) (STATE) <u>High Prairie Township Webster MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-26-56</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell under moving truck.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>St Francis Seal Registrar</u>	(Degree or title)	23b. ADDRESS <u>Marshfield, MO</u>	23c. DATE SIGNED <u>8/26/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-29-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT ZION</u>	24d. LOCATION (City, town, or county) (State) <u>WRIGHT CO. MO</u>
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DATE REC'D BY LOCAL REG. <u>9/26/56</u>	REGISTRAR'S SIGNATURE <u>St Francis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-EDWARDS</u>	ADDRESS <u>MARSHFIELD MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed _____

R. W. Barber

Licensed Embalmer No. 3848

P. O. Address W. K. Lane Mo.

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 this body is not embalmed, fact should be so stated above.