

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28858

BIRTH NO.		REG. DIST. NO. 240		PRIMARY REG. DIST. NO. 5827		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY New MADRID				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New MADRID			
b. CITY (If outside corporate limits, write RURAL and give township) LA FONT		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN CONRAN		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 2 miles W. of Mauston				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) RAYMOND Lee JOLLY			4. DATE OF DEATH July 13 1957				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR 12 1936	
9. AGE (In years last birthday) 21		IF UNDER 1 YEAR Months 4		IF UNDER 24 HRS. Days 1		IF UNDER 1 MIN. Hours 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U S D	
13a. FATHER'S NAME Charles S. JOLLY		13b. MOTHER'S MAIDEN NAME MARY SEARS		14. NAME OF HUSBAND OR WIFE PAULINE JOLLY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Jolly Portagenelle Mo			
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, apoplexy, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical attendant, by all records death was due to being hit by an automobile ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) records death was due to being hit by an automobile DUE TO (c) hit by an automobile II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Travel Road		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) La Font New Madrid, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 13, 1957 7:50 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? hit by car while changing tires			
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 (Degree or title) R. S. Hedgcock				23b. ADDRESS Carones New Madrid, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 13, 1957		24c. NAME OF CEMETERY OR CREMATORY Mounds		24d. LOCATION (City, town, or county) (State) Lalbourn Mo	
DATE REC'D BY LOCAL REG. 8-8-57		REGISTRAR'S SIGNATURE H. L. Gonder Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph Funeral Parlor Portagenelle Mo			

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

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DATE RECEIVED AUG 9 1957
NEW MADRID CO. HEALTH CENTER

P. J. [Signature]

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 Joseph A. St. Leger
Licensed Embalmer No. 4481

P. O. Address Polkville

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.