

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-028500  
STATE FILE NUMBER

FILED SEP 3 1958

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE <sup>1</sup> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Novada</u> 1087
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Length of stay in lb <u>3 hours</u>	d. STREET ADDRESS <u>1503 W Cherry</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Earl Robert Jones</u>			4. DATE OF DEATH Month Day Year <u>August 25, 1958</u>
5. SEX <u>Male</u> <input type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 8, 1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXXXXX</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>52</u>
11. BIRTHPLACE (City and state or country) <u>Iantha, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Francis M. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Baker</u>	
14. NAME OF HUSBAND OR WIFE <u>Mario 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>500 10 7062</u>		17. INFORMANT Address <u>Estel Lynn Bronaugh, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Trauma</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Skull Fracture</u> DUE TO (c) <u>Car Accident</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple Fractures and Lacerations</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs. 10</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Auto Accident</u>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto Accident</u>		20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m. <u>5:50 8-25-58</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., if or about home, farm, factory, street, office, bridge, etc.) <u>Highway 11 by Paris</u>	
20f. CITY, TOWN, OR LOCATION <u>Harrisonville</u>		COUNTY STATE <u>Cass Missouri</u>	
21. I attended the deceased from <u>XXXXX</u> to <u>XXXXX</u> and last saw her/him alive on <u>XXXX</u> Death occurred at <u>8:08 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Bernard Janda</u> (Degree or title) <u>Cornet Captain</u>		22b. ADDRESS <u>Pleasant Hill, Missouri</u>	
22c. DATE SIGNED <u>8/25/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>8/20/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	
23d. LOCATION (City, town, or county) (State) <u>Novada, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Eichinger Funeral Homo Novada, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Aug 28, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	

SEP 24 1958

MS JUN 8 1959

RECEIVED  
SEP 2 1958  
CASS COUNTY  
HEALTH DEPARTMENT

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 *Robert Atkinson* .....

Licensed Embalmer No. *4902* .....

P. O. Address *Harwood* .....

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.