

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030587
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7490

300
1-57
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|--|------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN 0396 31 SPRINGFIELD | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4/1 PRISCO EMPLOYER TO | | Length of stay in lb/MA 52 | d. STREET ADDRESS (If outside, give location) 2112 N FREMONT | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) JONES, ERNEST H MIDDLE 1958 LAST | | | 4. DATE OF DEATH JULY 31 1958 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MARCH 6 1886 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TANK TRENKMAN | | 10b. KIND OF BUSINESS OR INDUSTRY RAILROAD | 11. BIRTHPLACE (City and state or country) CLEVELAND MISSOURI | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME ANDREW | | 13b. MOTHER'S MAIDEN NAME Caroline Estes | | 14. NAME OF HUSBAND OR WIFE JESSIE - | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT WIFE. 2112 N FREMONT | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA BLADDER | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | 181.0 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | STATE |
| 21. I attended the deceased from MAY 52 1958 to JULY 31 1958 and last saw him alive on JULY 30 1958 Death occurred at 2:50 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) 0 | | | 22b. ADDRESS PRISCO HOSPITAL ST LOUIS MISSOURI | | 22c. DATE SIGNED JULY 31 1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 7-31-58 | 23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery | | 23d. LOCATION (City, town, or country) (State) Springfield, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | | | 25. DATE RECD. BY LOCAL REG. JUL 31 1958 | 26. REGISTRAR'S SIGNATURE Carl Smith MD | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 28 1958

1001

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 *J W^m Dinkley*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis 81*

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.