

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030590
STATE FILE NUMBER 7648

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

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillip Hosp		Length of stay in 1b 2/19	d. STREET ADDRESS (If outside, give location) 4235 Cook

3. NAME OF DECEASED (Type or print) First Middle Last Josh Jones Jr.			4. DATE OF DEATH Month Day Year Aug 2 1958		
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5. SEX male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6 Sept. 1940	9. AGE (In years at birthday) 17	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Josh Jones	13b. MOTHER'S MAIDEN NAME Addie Lee Burks	14. NAME OF HUSBAND OR WIFE XXX
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Type, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Roosevelt Jones	Address 4235 Cook
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive intra-cranial hemorrhage with laceration of brain; Contrib: Penetrating gunshot wound of brain; suffered when shot with gun in the hands of one James Edward McCullom, in front of 5103 Wells Av. on July 31, 1958 at about 9:35 P.M. WHETHER JUSTIFIABLE OR HOMICIDAL. DUE TO (b) } DUE TO (c) }		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) COULD NOT BE DETERMINED OPEN VERDICT		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE OPEN Verdict <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) see above E 981x
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20c. TIME OF INJURY Hour Month, Day, Year 9:35 PM a.m. 7/31/58
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 10:05 P.M. _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James M. Kelly, 3rd Deputy	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 8-6-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7 Aug. 1958	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Leland Miss.
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24. FUNERAL DIRECTOR Reliable Funeral Sys. 1389N Union	25. DATE RECD. BY LOCAL REG. AUG 6 1958	26. REGISTRAR'S SIGNATURE Paul Smith
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Paul V. Freeman*

Licensed Embalmer No. *4686*

P. O. Address *779 Ham*

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.