

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045007

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 238 Primary Registration District No. 5821 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mich. b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Big Prairie Twp.		c. CITY OR TOWN Detroit	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #61		d. STREET ADDRESS (If outside, give location) 2201 Lyman	

3. NAME OF DECEASED (Type or print) First **Henry** Middle **Jones** Last **Jones**

4. DATE OF DEATH Month **Dec.** Day **24** Year **1958**

5. SEX **M** 6. COLOR OR RACE **2 Negro** 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH **Mar. 11-1922**

9. AGE (In years last birthday) **36** IF UNDER 1 YEAR Months **9** Days **13** IF UNDER 24 HRS. Hours **13** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Mill Worker**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **Shelby Miss.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Jessie Jones** 13b. MOTHER'S MAIDEN NAME **Nancy Sephenson** 14. NAME OF HUSBAND OR WIFE **Katie B. Jones**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **yes War #11**

16. SOCIAL SECURITY NO. **Unk.** 17. INFORMANT **Jessie Jones** Address **Carutherville, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **No Medical Attendant, By records death was due to**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **a car accident, possible fractured skull and**

DUE TO (c) **internal injurious, fractured right leg.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES NO **2**

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **riding in car that was hit by another car**

20c. TIME OF INJURY Hour **5:00** Month, Day, Year **Dec. 24, 58**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Highway #61** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **Rural Big Prairie Twp. New Madrid, Mo.**

21. I attended the deceased from _____, to _____, and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Fay Hedgcock Caroner 3** 22b. ADDRESS **New Madrid, Missouri** 22c. DATE SIGNED **24 Dec. 58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12-25-58** 23c. NAME OF CEMETERY OR CREMATORY **Morgan Ridge** 23d. LOCATION (City, town, or county) (State) **Caruthersville, Missouri**

24. FUNERAL DIRECTOR ADDRESS **La Forge Und. Co. Caruthersville, Mo** 25. DATE RECD. BY LOCAL REG. **25 Dec 58** 26. REGISTRAR'S SIGNATURE **Fay Hedgcock**

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

0973
300
1-57

6861 6
NHS

JAN 20 1959

JAN 12 1959

A. J. S.

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 *Tommy S. Roberts*

Licensed Embalmer No. *4886*
P. O. Address *New Medical*

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.