

No. 2  
1-4-41  
17-39  
X2639

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26087

FILED AUG 13 1941

Registration District No. 780

Primary Registration District No. 62056025 Registrar's No. 33

1. PLACE OF DEATH:

(a) County: Ste Genevieve  
(b) City or town: Rural Weingarten Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ste Genevieve  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Ste Genevieve  
(c) City or town: Rural Weingarten  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location) 0  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME: Floyd D Thivell  
3. (b) If veteran, name war.....  
3. (c) Social Security No. 441-05-5254 year 1941

20. DATE OF DEATH: Month July day 22  
hour 2 minute 30 P M.

4. Sex: Mo 5. Color of race: W  
6. (a) Single, widowed, married, divorced: married  
6. (b) Name of husband or wife: Phyllis Mae Belveal 6. (c) Age of husband or wife if alive: 24 years  
7. Birth date of deceased: April 12 1917  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
30 3 10 hr. min.

Immediate cause of death: accidental death  
(fractured skull) caused by  
temporary guide slipping from  
anchor (stump) as  
crutch was pulled up back  
in sagging wire. (the pole  
 broke (old wire was on pole)

9. Birthplace: Osage 1 Okla  
(City, town, or county) (State or foreign country)

Other conditions: Verdict of jury  
(Include pregnancy within 3 months of death)

10. Usual occupation: line man  
11. Industry or business:  
12. Name: L. C. Dainell  
13. Birthplace: Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name: Mathie Reynolds  
15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

Major findings: Verdict of jury  
Of operations:  
Of autopsy: 112-8  
113-  
Underline the cause to which death should be charged statistically.

16. (a) Informant: C. S. Hibb  
(b) Address: Weingarten Mo  
17. (a) Removal (b) Date thereof: July 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Cushing Okla

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence: 095  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

18. (a) Signature of funeral director: Jerome P. Stanton  
(b) Address: Ste Genevieve Mo  
19. (a) July 27/41 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

While at work?..... Means of injury: Crutch  
23. Signature: Jerome P. Stanton (M.D. or other)  
Address: Ste Genevieve Mo Date signed: 7/23/41

106 (Licensed Embalmer's Statement on Reverse Side)

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

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Jerome J. Stanton*

Licensed Embalmer No. *5817*

P. O. Address *St. Petersburg, Fla.*

**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 this body is not embalmed, fact should be so stated above.**