

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22248

State File No.

Registrar's No. 129

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6092

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Unknown</u> b. COUNTY <u>Unknown</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Grand Pass, twp. Unknown</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unknown</u> | |
| c. LENGTH OF STAY (In this place) _____ | | d. STREET ADDRESS (If rural, give location) <u>Unknown</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Found in Mo. river at Amberlane Bend 6-24-49</u> | | | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Unknown</u> b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Unknown</u> | | |
|--|--|--|---|--|--|

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|--------------------|-------------------------------|---|---------------------------------|---|--|---------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u> | 8. DATE OF BIRTH <u>Unknown</u> | 9. AGE (In years last birthday) <u>About 5h</u> | # UNDER 1 YEAR Months _____ Days _____ | # UNDER 1 SEW. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------|---|--|---------------------------------------|

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|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u> | 11. BIRTHPLACE (State or foreign country) <u>Unknown</u> | 12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u> |
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|-----------------------------------|--|--|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____ |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown. In my opinion he came to his death by drowning. Body was had by decomposed. In my opinion body had been in river 3 or 4 weeks.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1953</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>opinion body had been in river 3 or 4 weeks.</u> | | | |

| | | |
|---------------------------------|---|--|
| 19a. DATE OF OPERATION <u>✓</u> | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
|---|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Unknown</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Found in Mo. River</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Grand Pass Twp. Saline Mo.</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>In Mo. River 3:00 PM</u> | 21e. INJURY OCCURRED WHILE AT _____ NOT WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Unknown</u> |

22. I hereby certify that I attended the deceased from _____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|--|--|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>D. L. Lawless, Coroner</u> | 23b. ADDRESS <u>M. D. Marshall Mo.</u> | 23c. DATE SIGNED <u>6-24-49</u> |
|--|--|---------------------------------|

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|---|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 24b. DATE <u>June 25-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Saline County Home</u> | 24d. LOCATION (City, town, or county) (State) <u>Saline County-Missouri</u> |
|---|-------------------------------|--|---|

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|--|---|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>June 25-1949</u> | REGISTRAR'S SIGNATURE <u>Lidwong J Gray 385</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis Marshall Mo.</u> | ADDRESS <u>By Mr. Campbell</u> |
|--|---|---|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 5

INTEGRAL TO REGISTRATION NO. 100
DIPLOMA TO BE GRANTED TO GRADUATE

District Health Officer No. 8,

District File Number

Date Filed 7-8-49

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.

body
This was not embalmed.

Signed *W. Campbell*

Signed Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Marshall, Mo.

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.