

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

33141

State File No. ....

No. 300  
10.48

**FILED NOV 7 1949**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>5130</u>	Registrar's No. <u>1178</u>
<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. *If institution: residence before admission.)		
a. COUNTY <u>Buchanan</u>		a. STATE <u>Kansas</u>		b. COUNTY <u>Atchison</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Rush Twsp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atchison</u>		
c. LENGTH OF STAY (in this place) <u>5</u>		d. STREET ADDRESS (If rural, give location) <u>1116 Oak St.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>East Atchison, Missouri</u>				
<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b>		
a. (First) <u>Willis</u>	b. (Middle) <u>Moore</u>	c. (Last) <u>Said</u>	(Month) <u>Oct.</u>	(Day) <u>27</u> (Year) <u>1949</u>
(Type or Print)				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>July 5, 1918</u>	<b>9. AGE</b> (In years last birthday) <u>31</u> <b>IF UNDER 1 YEAR</b> Months <u>0</u> Days <u>0</u> <b>IF UNDER 1 HR.</b> Hours <u>0</u> Min. <u>0</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		<b>10b. KIND OF BUSINESS/ OR INDUSTRY</b> <u>Butane Gas</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Monrovia, Kansas</u>
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Albert Porter Said</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Meyer</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Rosella Said</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or date of service) <u>Yes 2/15/42</u>		<b>16. SOCIAL SECURITY NO.</b> <u>513-01-6524</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Robert Said</u> <b>ADDRESS</b> <u>Atchison, Kansas</u>
<b>18. CAUSE OF DEATH.</b> 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.		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Third and Fourth degree burns of the entire body.</u>		DUE TO (b) <u>burns of the entire body.</u>		<u>1 day</u>
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c) <u>Man was fatally burned</u>		<u>69/63</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>40</u>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>in a Butane gas explosion at Butane plant at East Atchison, Mo.</u>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Butane gas plant</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>East Atchison Buchanan Mo.</u>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Oct 27 1949 7:30 p.m.</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>A gas leak and explosion</u>		
<b>22. I hereby certify that I attended the deceased from</b> <u>on 10/27, 1949,</u> to _____, 19____, <b>that I last saw the deceased alive on</b> _____, 19____, <b>and that death occurred at</b> <u>7:30 p.m.,</u> <b>from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> <u>H. F. Mundy M.D. Coroner</u>		<b>23b. ADDRESS</b> <u>St. Joseph, Mo.</u>		<b>23c. DATE SIGNED</b> <u>10/27/49.</u>
<b>24a. BURIAL, CREMATION-REMOVAL (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>10/27/49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Hill</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Atchison, Kansas</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Oct 31, 1949</u>	<b>REGISTRAR'S SIGNATURE</b> <u>E. G. Jenkins</u>	<b>382</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>O. Lavin-Douglas</u> <b>ADDRESS</b> <u>Atchison, Kan.</u>	

(Licensed Embalmer's Statement on Reverse Side) J. Moore

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

JAN 26 1950

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 .....  
Student Embalmer

Signed

*J. Moyer*

Licensed Embalmer No. *4320*

P. O. Address *Atchison, Kan*

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.