

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38442

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 408

1. PLACE OF DEATH a. COUNTY <i>St. Francis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Francis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Bonne Terre Road</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Great River, Mo.</i>	
c. LENGTH OF STAY (in this place) <i>2</i>		d. STREET ADDRESS (If rural, give location) <i>107 Roosevelt St. Great River, Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Perry Township</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Donald</i>	b. (Middle) <i>Ray</i>	c. (Last) <i>Since</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 22 1949</i>
--	------------------------	------------------------	---

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White Cau.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>June 4-1931</i>	9. AGE (In years last birthday) <i>18-5-19</i>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
-----------------------	---------------------------------------	--	--	---	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Col. College Student</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Great River, Mo. TN</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
--	-----------------------------------	---	--

13a. FATHER'S NAME <i>Mr. Fred Since</i>	13b. MOTHER'S MAIDEN NAME <i>Irene Reed</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Irene Since (Mother)</i>	ADDRESS <i>107 Roosevelt St. Great River, Mo.</i>
---	--------------------------------------	---	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>23.4</i> <i>35</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coroner Jury Verdict: due to injuries received in an automobile accident.</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>accident.</i> DUE TO (c) <i>apparently broken neck</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Puller Road</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Perry Twp. St. Francis Mo.</i>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <i>Nov. 22, 1949 6:40 P.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>automobile left road and turned over.</i>
--	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 <i>Bert J. Miller</i>	(Degree or title) <i>Coroner</i>	23b. ADDRESS <i>Farmington, Mo.</i>	23c. DATE SIGNED <i>11/25/49</i>
---	-------------------------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Nov. 25-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Park View Cemetery</i>	24d. LOCATION (City, town, or county). (State). <i>Farmington Mo.</i>
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. <i>Nov. 26, 1949</i>	REGISTRAR'S SIGNATURE <i>Esther Ruddle</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alvin W. Hood</i>	ADDRESS <i>303 Cray St. Farmington, Mo.</i>
--	---	--	--

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

No. 300
10-48

FEB 16 1950

DEC 2 1949

RECEIVED 11-29-49
Sanitary Health Officer No. 4
District File Number 1149-156
Date Filed

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

Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address *That River, 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.