

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29763

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <i>Christian County MO</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> COUNTY <i>Christian</i> 0220	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>on Highway 63, Linsley Township</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Dark Mo. Rural</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>Rural</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rural Linsley Township</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>William</i>	b. (Middle) <i>Rile</i>	c. (Last) <i>Misbond</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 3 - 1950</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Sept. 20 1929</i>	9. AGE (In years last birthday) <i>20 yr</i>	IF UNDER 1 YEAR (Specify) Days	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labor</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>laborer</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>John Misbond</i>	13b. MOTHER'S MAIDEN NAME <i>Bessie Sile</i>	14. NAME OF HUSBAND OR WIFE <i>not married</i>
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15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. W. J. Hooley Springfield, Mo.</i>	ADDRESS <i>807 N. Frank St.</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>692 3/4</i> <i>320</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Skull Fracture</i>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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>on Highway 66</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Linsley Township Christian Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Sept. 3 - 1950 2:30 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 accident</i>
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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 (Degree or title) <i>T. B. Chaffin Coroner, 3</i>	23b. ADDRESS <i>Dark Mo.</i>	23c. DATE SIGNED <i>Sept. 4 - 50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 6 - 50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Dark County</i>	24d. LOCATION (City, town, or county) (State) <i>Christian County, Mo</i>
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DATE REC'D BY LOCAL REG. <i>Sept. 23 1950</i>	REGISTRAR'S SIGNATURE <i>Luetta Leonardo</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>T. B. Chaffin</i>	ADDRESS <i>Dark Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MD,
District No. 5 - Springfield

RECEIVED SEP 26 1950
Dist. File 950-2004
Date Filed 9-28-50

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 T. B. Cheffins

Licensed Embalmer No. 2192

P. O. Address Dark, 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.