

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36604  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5424 Registrar's No. 32

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>DUNKLIN</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden - Cotton Hill Twp</u>                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #53 - 3 1/2 mi. No. Campbell, Mo.</u>             |  | d. STREET ADDRESS (If rural, give location) <u>RT #1</u>  |  |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Wiley</u>   | b. (Middle) <u>FRANKLIN</u>                    | c. (Last) <u>LUALLEN</u>  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>NOV. 21 1950</u> |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>                  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 16, 1895</u>                        |
| 9. AGE (In years last birthday) <u>54</u>  | IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u> | IF UNDER 24 HRS. Hours <u>5</u> Min.                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Terminal REA work</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>     | 11. BIRTHPLACE (State or foreign country) <u>TEXAS</u>                | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                   |

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|---|--|--|
| 13a. FATHER'S NAME <u>FRANK Luallen</u> | 13b. MOTHER'S MAIDEN NAME <u>Sabbie Newman</u> | 14. NAME OF HUSBAND OR WIFE <u>Johnnie Bee Luallen</u> |
|---|--|--|

|   |   |  |                           |
|---|---|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-16-7781</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Johnnie Bee Luallen</u> | ADDRESS <u>Malden, Mo</u> |
|---|---|--|---------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (e) <u>Fractured skull</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>12 1/2</u><br><u>25</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>broken Neck</u><br>DUE TO (c) <u>broken jaw bones</u> |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>cuts and bruises over the entire body</u>             |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 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) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>run in to truck</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>3 1/2 miles north of Campbell, Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.       | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>          | 21f. HOW DID INJURY OCCUR?<br><u>ran in to truck</u>  |

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 6:15 p.m., from the causes and on the date stated above.

|  |                                 |                                  |
|--|---------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Walter C. Hawpkins</u> Coroner | 23b. ADDRESS <u>Kennett, Mo</u> | 23c. DATE SIGNED <u>11-22-50</u> |
|--|---------------------------------|----------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 26, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>PARK Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u> |
|---|--------------------------------|---|--|

|  |   |  |   |
|--|---|--|---|
| DATE REC'D BY LOCAL REG. <u>11/27/1950</u> | REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Handless</u> | ADDRESS <u>Funeral Home Campbell, Mo.</u> |
|--|---|--|---|

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

350  
3

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT .....12-4-50.....

COUNTY FILE NUMBER ..1250-320...

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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

*Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.