

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17074
Registrar's No. 107

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5586</u>		State File No. <u>17074</u>		Registrar's No. <u>107</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1/4 Mile West Carthage</u>			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage, Missouri</u>			<u>0493</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS (If rural, give location) <u>1006 Valley St.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Randall</u>			b. (Middle) <u>Dean</u>		c. (Last) <u>Southern</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 27, 1934</u>		9. AGE (In years last birthday) Months Days <u>16</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soph. In C.H.S.</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mt. #1 Carthage, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Winford S outhern</u>			13b. MOTHER'S MAIDEN NAME <u>Paulette Bayless</u>			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-34-3682</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Winford Southern</u>			ADDRESS <u>1006 Valley St.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Three fracture, con found</u>					INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fracture cervical spine</u>					DUE TO (c) <u>Crush injury chest</u>					<u>48231</u> <u>5-1</u>	
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 type="checkbox"/>						
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>U.S. HIGHWAY #66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JASPER Mo.</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-3-51 11:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile wreck LEFT HWAY AND OVERTURNED</u>							
22. I hereby certify that I attended the deceased from <u>did not attend</u> <u>same</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Winford S. Southern, M.D.</u> (Degree or title) <u>3</u>					23b. ADDRESS <u>Joplin Natl Bank Bldg</u>			23c. DATE SIGNED <u>5-6-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>5-7-51</u>		REGISTRAR'S SIGNATURE <u>L.B. Blanton, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>			ADDRESS <u>Carthage.</u>			

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

0490
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RECEIVED 5-15-51

Jasper County Health Office

County File Number 51/5/396

Date Filed 5-15-51

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

working under my personal supervision.

Student Embalmer No. *Gene C. Pugh*

Student
Student Embalmer

Signed Gene C. Pugh

Licensed Embalmer No. 234231

P. O. Address Carthage, Missouri

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.