

No. 300  
10. 48

FILED JUL 2 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21005

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 6297 Registrar's No. 100

1. PLACE OF DEATH  
a. COUNTY Pulaski  
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Waynesville)  
c. LENGTH OF STAY (in this place) tourist  
d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Arizona b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) Phoenix  
d. STREET ADDRESS (If rural, give location) 5621 North 11th Ave.

3. NAME OF DECEASED  
a. (First) Howard b. (Middle) Stanley c. (Last) Black

4. DATE OF DEATH (Month) (Day) (Year)  
June 23, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 4, 1911

9. AGE (In years last birthday) 40  
IF UNDER 1 YEAR Months Days  
IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Operator

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Lela Black  
5621 North 11th Ave Phoenix, Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Lela Black 5621 North 11th ave Phoenix, Arizona

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) Concussion of the brain  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple facial injuries  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
immediate  
38166  
26

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION DXS

20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) accident  
SUICIDE  
HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 66, 10 miles west of Waynesville Pulaski, Mo.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
west of Waynesville Pulaski, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 23, 1951

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Car accident

22. I hereby certify that I attended the deceased on June 23, 1951, 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) Brian James Hedges County Coroner

23b. ADDRESS Crocker, Missouri

23c. DATE SIGNED 6/25/51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 6/25/51

24c. NAME OF CEMETERY OR CREMATORY De Motte Indiana

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6-27-51

REGISTRAR'S SIGNATURE Carla M. Anderson 458

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Walter P. Hedges Iberia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

7-2-51

JUL 18 1951

AUG 8 1951

Date Filed 6-27-51

File Number 6-27-51  
Pulaski County Health Officer

RECEIVED

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.....

Signed.....

*Walter P. Hedges*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2265

P. O. Address Iberia, 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.