

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27893

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 6297		Registrar's No. 129	
1. PLACE OF DEATH a. COUNTY Pulaski 0850 b. CITY (If outside corporate limits, write RURAL and give township) OR 2 miles East of Hazelgreen, Missouri c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE New York b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gouverneur, New York 8310 d. STREET ADDRESS (If rural, give location) RFD - 5 8			
3. NAME OF DECEASED (Type or Print) Donald S. Absalon		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH 25 August 1951		(Month)		(Day)		(Year)	
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 17 April 1930	
9. AGE (In years last birthday) 21		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		11. BIRTHPLACE (State or foreign country) Gouverneur, New York		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mr. John Joseph Absalon		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes Ind (21 Mar 51)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME E.W. GRUNEWALD, Maj. MSC, US Army Hosp. Ft Leonard Wood, Mo		ADDRESS _____	
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) Laceration, brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) comminuted skull fracture DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death. Basalar skull fracture					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hazelgreen, Pulaski Mo.		21d. HOW DID INJURY OCCUR? Automobile accident	
21d. TIME OF INJURY Aug 25 51 6:30 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from DEAD ON ARRIVAL, 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)				23b. ADDRESS _____		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12:55 A.M. Aug 28 1951		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Gouverneur, New York	
DATE REC'D BY LOCAL REG. 8-29-51		REGISTRAR'S SIGNATURE _____		FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

Pulaski County Health Officer

RECEIVED 8-29-51

File Number
Date Filed

9-1-51

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

Student Embalmer No. 437

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 426

P. O. Address

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.