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S. No. 300
v. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33403**

FILED OCT 22 1951

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 44

470
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Eastern Ave City	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo <u>2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Turner c. (Last) Collins			4. DATE OF DEATH (Month) (Day) (Year) Oct 6 51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 3/1887	9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Terre Haute Indiana /	
12. CITIZEN OF WHAT COUNTRY? US.A.					

13a. FATHER'S NAME UNK	13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE UNK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. 1908 3yrs	17. INFORMANT'S SIGNATURE OR NAME 489-16-7188 Drivers Licenes	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull		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) Crushed Chest		
	DUE TO (c) Broken Sternum Bone		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8234			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Highway #21	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ironton Iron Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 6 5 3P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Lost Control of Car wet Pavement
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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 **7.30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE C. A. Howell (Degree or title) Coroner	23b. ADDRESS 226 N Main Ironton, Mo.	23c. DATE SIGNED Oct 9/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 9/ 51	24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery	24d. LOCATION (City, town, or county) (State) Pilot Knob, Missouri
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DATE REC'D BY LOCAL REG. Oct 9 1951	REGISTRAR'S SIGNATURE Mrs. Vera Jones	25. FUNERAL DIRECTOR'S SIGNATURE Howell Funeral Home Ironton	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

OCT 20 1951

DISTRICT HEALTH OFFICE No. 8

File No.

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 C. G. Howell

Licensed Embalmer No. 3670

P. O. Address Proton, md

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.