

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2467

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4436 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>C.C. Mo.</u>	
c. LENGTH OF STAY (in this place) <u>11 yr</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORVILLE</u> b. (Middle) <u>WALTER</u> c. (Last) <u>COMPTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18 1952</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>April 17-1961</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 6 MOS. Days <u>7</u>	IF UNDER 1 HR. Hours <u>1</u>	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John Compton</u>		13b. MOTHER'S MAIDEN NAME <u>Regelina Herrick</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Borland</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture cervical vertebrae</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 <u>093 E802x 35</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>R-R crossing, Appleton City, Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Appleton City, St. Clair, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 18 '52 5:15 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>deceased was in front of train</u>

22. I hereby certify that I attended the deceased from no, 1952, to no, 1952, that I last saw the deceased alive on no, 1952, and that death occurred at no m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. L. Little, M.D.</u>	23b. ADDRESS <u>Appleton City</u>	23c. DATE SIGNED <u>15 Jan 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Jan 20-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Butler cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 20, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elsie Chrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Eshoy</u>	ADDRESS <u>Appleton City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

930
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RECEIVED JAN 22 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 22 1952 _____

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 _____
Student Embalmer

Signed *Wesley Eckhoff* _____

Licensed Embalmer No. *3942* _____

P. O. Address *Appleton Ct. W.* _____

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.