

FILED MAR 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 5421

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5573 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 40 Hy 2 Miles E Blue Springs RURAL SNI-A-BAK		c. LENGTH OF STAY (In this place) 0972	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 472 W. Washington St.	
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Burton c. (Last) Land			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1952
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Never married <input checked="" type="radio"/>	8. DATE OF BIRTH May 15, 1934
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY High School	11. BIRTHPLACE (State or foreign country) Marshall, Missouri <input checked="" type="radio"/>
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Virgil Land	
13b. MOTHER'S MAIDEN NAME Clara Jane Call		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. Virgil Land,		ADDRESS Marshall, Missouri.	
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) Shock & hemorrhage resulting from multiple fractures of skull, ruptured heart, multiple rib fractures, bilateral hemiparesis. ANTECEDENT CAUSES DUE TO (b) Multiple rib fractures, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) bilateral hemiparesis 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 E 8164 - 26	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, yard, factory, street, office bldg., etc.) Gas station		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 049 Jackson MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-16-52 8:35 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Three car collision			
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 8:35 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Geo. C. Seal		23b. ADDRESS 4050 Broadway St. S.W.	
23c. DATE SIGNED 2-17-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 17 1952	
24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
DATE REC'D BY LOCAL REG. 2-18-52		REGISTRAR'S SIGNATURE Donald C. Ewingshow 3781-1	
25. FUNERAL DIRECTOR'S SIGNATURE Campbell & Lewis		ADDRESS F.H. Marshall, Missouri.	

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

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JAN 29 1951

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, MO.

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.