

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11784**

FILED MAR 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **358** PRIMARY REG. DIST. NO. **6215** Registrar's No. **4**

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

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL - OSAGE TWP.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RICH HILL 0070</b>	
c. LENGTH OF STAY (In this place) —		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway No. 71</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>VERNIE</b> b. (Middle) <b>DALE</b> c. (Last) <b>DETENNEE.</b>	4. DATE OF DEATH <b>MARCH-23-1952</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH <b>FEB-11-1949</b>	9. AGE (In years last birthday) <b>3.</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 12 Wks.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT.</b>	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <b>RICH HILL, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>VERNIE LEE DETENNEE</b>	13b. MOTHER'S MAIDEN NAME <b>EDITH NEWCOMB</b>	14. NAME OF HUSBAND OR WIFE —
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO ONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Vernie Lee Detennee - Rich Hill Mo.</b>	ADDRESS <b>Rich Hill Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Skull</b>		INTERVAL BETWEEN ONSET AND DEATH <b>88244-32</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>Bruises and Lacerations of the body: Fell from moving automobile on head, to pavement.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) <b>Car coming from opposite direction also hit body. Death instantly.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Door of car came open &amp; fell to pavement on head.</b>	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>U.S. Highway 71</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Osage Twp. Vernon Missouri</b> (COUNTY) <b>head</b> (STATE)
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21d. TIME OF INJURY <b>3 - 23 - 52 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell from moving automobile</b>
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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 **2:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter D. Thurman, Coroner</b>	23b. ADDRESS <b>Merada Missouri</b>	23c. DATE SIGNED <b>3-26-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MARCH-25-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>RICH HILL, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>March 28 - 52</b>	REGISTRAR'S SIGNATURE <b>Bliss B. Daily</b>	463	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barth Funeral Home Rich Hill Mo.</b>	ADDRESS <b>Rich Hill Mo.</b>
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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

*John G. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler 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.