

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrars No.	
1. PLACE OF DEATH a. COUNTY <u>Howell</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Howell</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give address or location) <u>Repton, Mo</u>				2. USUAL RESIDENCE (Where deceased lived - If different residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> d. STREET ADDRESS (If rural, give location) <u>836 W. E. Elm</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chas. W. Unsaworth</u> b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year) <u>7-1-1952</u>				5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> 8. DATE OF BIRTH <u>7-25-1952</u> 9. AGE (In years last birthday) <u>34</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Refugee Training Center State Highway</u> 11. BIRTHPLACE (State or foreign country) <u>Rockford Ill.</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>unk</u> 13b. MOTHER'S MAIDEN NAME <u>unk</u> 14. NAME OF HUSBAND OR WIFE <u>Rosine D. Unsaworth</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> 16. SOCIAL SECURITY NO. <u>353-18-3727</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Louis Unsaworth</u> ADDRESS <u>Springfield</u>			
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>Severed Lt Arm and</u> ANTECEDENT CAUSES <u>Multiple lacerations +</u> <u>injuries of head + neck</u> <u>due to</u> (b) <u>falling from Highway auto accident.</u> 2. 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 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo Highway 101</u> 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caulfield - Howell - Missouri</u>				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 1, 1952 6:15 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>Highway Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>alive</u> on <u>July 1, 1952</u> , and that death occurred at <u>6:15 PM</u> , from the causes and on the date stated above.				23a. SIGNATURE <u>Robert M. D. Coroner</u> (Degree or title) 23b. ADDRESS <u>West Plains, Mo</u> 23c. DATE SIGNED <u>15/7/52</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>R</u> 24b. DATE <u>7/2-1952</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Rockford, Illinois</u> 24d. LOCATION (City, town, or county) (State) <u>Rockford, Illinois</u>				DATE REC'D BY LOCAL REG. <u>7-22-52</u> REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert M. D. Coroner</u> ADDRESS <u>West Plains, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

2961 DE 1973

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 _____

Licensed Embalmer No. 3432

P. O. Address West Plains

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.