

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7258**

FILED MAR 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **6059** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collins (Collins)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bolivar	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2-Mi; N- Collins Mo;			

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Elton c. (Last) Ethridge			4. DATE OF DEATH (Month) (Day) (Year) Feb; 13, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single Married	8. DATE OF BIRTH July 9, 1925	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR: Months 7 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Dade County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME W.M. Ethridge		13b. MOTHER'S MAIDEN NAME Marv Estes		14. NAME OF HUSBAND OR WIFE Paul	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME W.M. Ethridge ADDRESS Bolivar Mo	

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) Head Injury, Broken Neck and Jaw			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) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 13	21c. (CITY, TOWN, OR TOWNSHIP) 003 (COUNTY) St. Clair Co. (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-13-53 10:30A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Overturned

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 **10:30A.M.** from the causes and on the date stated above.

22a. SIGNATURE Laurel Beaudry Corcoran (Degree or title)	22b. ADDRESS Osceola Missouri	22c. DATE SIGNED 2/13/53
---	--------------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/13/53	23c. NAME OF CEMETERY OR CREMATORY Greenwood	23d. LOCATION (City, town, or county) (State) Bolivar Mo
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 3-1-1953	REGISTRAR'S SIGNATURE Paul Secor	25. FUNERAL DIRECTOR'S SIGNATURE Erwin Blue ADDRESS Bolivar Mo
--	---	--

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

30

MAR 6 1953

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Greenville, S.C.

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.