

FILED JUL 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25978

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 6018		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Ray</u>		c. LENGTH OF STAY (In this place) <u>3 mo</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Ray</u>		d. STREET ADDRESS (If rural, give location) <u>2020 Ave St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ray</u>				d. STREET ADDRESS (If rural, give location) <u>2020 Ave St</u>			
3. NAME OF DECEASED a. (First) <u>Kenneth Rebel</u>			b. (Middle) <u>Tousley</u>			c. (Last) <u>Tousley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7/25/53</u>		5. (SEX) <u>Male</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Nov. 30/38</u>		9. AGE (In years last birthday) <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Student</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indy, Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indy, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alexander Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Ever</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or district service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alexander Tousley</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</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) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>Rural Fishing Ray</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ray Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-25-53 5:30</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-25-53 5:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>unbrowed</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. John F. Babey, Coroner, Richmond, Mo.</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>7-25-53</u>	
24a. SPECIAL CREMA TION REMOVAL (Specify) <u>Normal</u>		24b. DATE <u>7/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Indy Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-25-53</u>		REGISTRAR'S SIGNATURE <u>Teleph. Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Coran, Indy, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

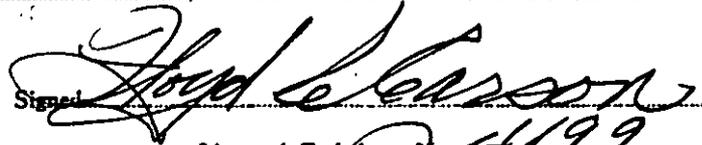
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4199

P. O. Address

Indep. Md

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.