

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29194

State File No. ....

FILED SEP 1 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5655 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Central Mo. Linn</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hume</u>	
c. LENGTH OF STAY (in this place) <u>20</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. Hume, Mo. 0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway 166 -</u>			

3. NAME OF DECEASED a. (First) <u>Delbert</u> b. (Middle) <u>Ray</u> c. (Last) <u>Archer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-20-1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>11-15-1906</u>		9. AGE (In years, if UNDER 1 YEAR last birthday) Months Days Hours Min. <u>46</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CHAUUTE, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>JAM ARCHER</u>		13b. MOTHER'S MAIDEN NAME <u>Carric Tuttle</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Archer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irene Burns Kingfisher Oklahoma</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>also broken by blow</u> DUE TO (c) <u>to Automobile Accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>On Highway 166 -</u>		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		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>Highway 166</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Mt. Linn Mo Linn Mo Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug-20-1953 12:15 p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Unavoidable Automobile Accident</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 12:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. O. Smith</u> (Degree or title) <u>Coroner of Linn Co. Mo</u>		23b. ADDRESS <u>Central Mo. Linn</u>		23c. DATE SIGNED <u>Aug-20-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fort Scott, Kans.</u>	
24d. LOCATION (City, town, or county) (State) <u>Fort Scott Kansas</u>					

DATE REC'D BY LOCAL REG. <u>8-28-53</u>		REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mag L. Fossett W. Vernon, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

50

NOV 28 1956

1956

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 A. Mc Nab

Licensed Embalmer No. 4675

P. O. Address Republic 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.