

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35680

FILED OCT 22 1953

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>136</u>		PRIMARY REG. DIST. NO. <u>5500</u>		Registrar's No. <u>136</u>			
1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>POLK</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-UNION</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Des. Moines</u>		<u>8140</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway Accident</u>				d. STREET ADDRESS (If rural, give location) <u>4218 SCOTT</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Edward</u> c. (Last) <u>Detrick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 18, 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>Feb 9, 1912</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tire Building</u>		11. BIRTHPLACE (State or foreign country) <u>Jasper Co ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Levi E. Detrick</u>			13b. MOTHER'S MAIDEN NAME <u>Dillie Huddleston</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Detrick</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>482-03-5913</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Detrick, Des Moines, Iowa</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trailer Truck accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed to death</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT X SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union Township Harrison, Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>10 18 1953, 5<sup>45</sup> a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor over-turned on him</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>J.I. Marshall D.C.<sup>3</sup> Coroner Harrison County</u>				23b. ADDRESS		23c. DATE SIGNED <u>10-19-1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>OCT. 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Des Moines, Iowa</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 20, 1953</u>		REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald W. Boggs</u>		ADDRESS <u>Englewood, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PRACTICE OF

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 Gerald W. Burgess

Licensed Embalmer No. 4962

P. O. Address Eagle Hill, 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.