

STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 53

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>2 miles east Big Spring Mo</u>) c. LENGTH OF STAY (in this place) <u>Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City Mo</u> <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Auto accident</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifford</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Preston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>5-25-1935</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Shoe Factory Work</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Montgomery City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jasper Preston</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Prestn</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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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>495-36-4489</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Bertha Preston Montgomery City Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BASIL FRACTURE OF SKULL</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>TRAUMATIC INJURIES</u> DUE TO (c) <u>Automobile Accident</u>		
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 checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Supercar HORROR ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., or office bldg., etc.) <u>Highway 19</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Florence Montgomery Mo 0700</u>
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21d. TIME OF INJURY (Month) (Day) (Hour) (Min) <u>DEC. 19 1953 8 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Wrecked AT High Speed</u>
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22. I hereby certify that I know the deceased from 20 Dec 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1150 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence W. Lennett Dps Coroner</u> (Degree or title)	23b. ADDRESS <u>Montgomery City Mo</u>	23c. DATE SIGNED <u>21 DEC 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>12-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graves</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-28-53</u>	REGISTRAR'S SIGNATURE <u>James O. Helm</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James O. Helm</u> ADDRESS <u>Montgomery City Mo</u>
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JUN 10 1954

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, ~~xxx~~ on the
19 th day of Dec 1953

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

W. H. Kins

Licensed Embalmer No. I487

Montgomery City Mo
P. O. Address.....

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.