

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 1 1954

94

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5130		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give town) Rushville rural		c. LENGTH OF STAY (In this place) 3 years		c. CITY (If outside corporate limits, write RURAL and give township) Rural Rushville 0110		d. STREET ADDRESS (If rural, give location) Rural Route # 2 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route # 2							
3. NAME OF DECEASED (Type or Print) a. (First) Leslie		b. (Middle) Pine		c. (Last) Pine		4. DATE OF DEATH (Month) (Day) (Year) January 24 1954	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 22, 1918	
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. L. Pine		13b. MOTHER'S MAIDEN NAME Elsie Randol		14. NAME OF HUSBAND OR WIFE Ruth Pine			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 509328739		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Pine Rushville, Missouri			
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) <i>Crushing injury to right lower chest and abdomen 1 day</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Lower chest and abdomen 1 day</i> DUE TO (c) <i>Ruptured liver, fatal internal hemorrhage 1 day</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E 9121 3				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) <i>Rushville (Rural)</i> (COUNTY) <i>Buchanan</i> (STATE) <i>Mo.</i>		21f. HOW DID INJURY OCCUR? <i>A tractor upset. Catching man</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Jan 24 1954 4:30 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <i>1/24</i> , 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:30 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>H. F. Mundy M.D. (Coroner)</i>				23b. ADDRESS <i>St. Joseph, Mo.</i>		23c. DATE SIGNED <i>1/26/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 27, 1954		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) DeKalb Missouri	
DATE REC'D BY LOCAL REG. Jan. 30, 1954		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>T. W. Dyer</i> <i>Atchison, Kan.</i>			

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. 4320

P. O. Address Atchafalaya

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.