

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1145

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS,	
c. LENGTH OF STAY (in this place) 1 wk		d. STREET ADDRESS (If rural, give location) ROVER ROUTE	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTE HOGAN HOSP.			

3. NAME OF DECEASED (Type or Print) ESTIL VONALIMAN			4. DATE OF DEATH (Month) (Day) (Year) 1-17-54		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8-25-1919	9. AGE (In years last birthday) 34	10. <input type="checkbox"/> UNDER 1 YEAR 4 <input type="checkbox"/> YEAR 22 <input type="checkbox"/> UNDER 5 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) ROVER, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME HARLIN VONALIMAN		13b. MOTHER'S MAIDEN NAME ETHEL JUDD		14. NAME OF HUSBAND OR WIFE RUBY M. VONALIMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. 488-24-7101		17. INFORMANT'S SIGNATURE OR NAME RUBY VONALIMAN, WEST PLAINS, MO R F D	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 24 days	
*Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying condition.		DUE TO (b) Fractured 5th Acetabulum by Highway Auto Accident			
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) Hospitalized MARSHALL MO from 24-12-53 to 9 Jan 1954			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) Severe Motorcycle Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway - NEAR		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 697 (STATE) MARSHALL-DALINE Co. MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 24 1954 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Highway Motor Accident	

22. I hereby certify that I attended the deceased from **9 Jan**, 1954, to **17 Jan**, 1954, that I last saw the deceased **live on 17 Jan**, 1954, and that death occurred at **11:50 p.m.**, from the causes and on the date stated above.

23. SIGNATURE W. M. D. (Degree or title)		23b. ADDRESS West Plains, Mo		23c. DATE SIGNED 29/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 1-19-54		24c. NAME OF CEMETERY OR CREMATORY ELK CREEK	
24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO					

DATE REC'D BY LOCAL REG. 2-12-54		REGISTRAR'S SIGNATURE Beatrice Cook 379-0		25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

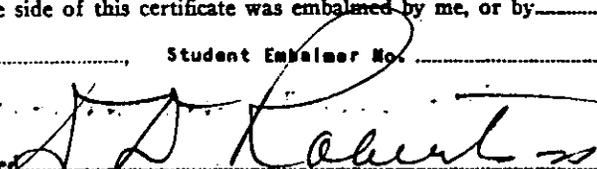
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3477

P. O. Address West Ham

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.