FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14911

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5122 Registrar's No. 143

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rocky Fork Township
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boone County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Petis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Houstonia, 0800
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Keith
c. (Last): Messer

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 28, 1929
9. AGE (In years last birthday): 24 — If under 1 year: Months 9, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engr. Construction Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Houstonia, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Guy Barney Messer
13b. MOTHER'S MAIDEN NAME: Ida Mae McGatha
14. NAME OF HUSBAND OR WIFE: Patricia Kempf Messer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Korean War
16. SOCIAL SECURITY NO.: 493-30-0348
17. INFORMANT'S SIGNATURE OR NAME: Mrs Patricia Messer ADDRESS: Booneville, Mo

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.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed cervical Spinal Cord — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture Cervical Vertebrae — "
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. E9108 6

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / ~~SUICIDE~~ / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): pipeline plant
21c. (CITY, TOWN, OR TOWNSHIP): (COUNTY) Boone (STATE) Mo

21d. TIME OF INJURY (Month) 5 (Day) 17 (Year) 54 (Hour) 10:40 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Cave in of excavation

22. *I hereby certify that I attended the deceased from* 5/17, 1954, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 10:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry H Sweet Jr MD (Degree or title) Coroner
23b. ADDRESS: Columbia Mo
23c. DATE SIGNED: 5/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 18, 1954
24c. NAME OF CEMETERY OR CREMATORY: Houstonia Cemetery
24d. LOCATION (City, town, or county) Houstonia, Missouri (State)

DATE REC'D BY LOCAL REG.: May 18 1954
REGISTRAR'S SIGNATURE: Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: Billy G Meadors
ADDRESS: Centralia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1955

JUN 21 1954

JUN 22 1954

DEC 13 1954

MAY 24 19

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 Bill J. Meador.

Licensed Embalmer No. 4876.

P. O. Address Centralia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.