No. 300
10-48

FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15362

State File No.

BIRTH NO. REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bourbon "Rural" Boone
c. LENGTH OF STAY (In this place) 12 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Meramec River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Rock Hill
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 1037 Charlieville 4631

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) Levi c. (Last) Dains

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1954

5. SEX M

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 10 1919

9. AGE (In years last birthday) 34 — IF UNDER 1 YEAR: Months 10 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY Independent Pkg. Co

11. BIRTHPLACE (City and State or Foreign Country) Sand Ridge Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Troy S. Dains

13b. MOTHER'S MAIDEN NAME Gertrude A. Gerhardt

14. NAME OF ~~HUSBAND~~ WIFE June Fipps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO. 360-03-8029

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS Mrs ~~Beth~~ June Dains — 1037 Charlieville Rock Hill 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Accidental Drowning

DUE TO (c) Boat Capsizing.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* in River near Bourbon

INTERVAL BETWEEN ONSET AND DEATH: E850X 38 — MO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify) Drowning

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River

21c. (CITY, TOWN, OR TOWNSHIP) Bourbon Mo **(COUNTY)** Crawford **(STATE)** MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? By Boat overturning

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) Coroner

23b. ADDRESS Steelville Mo

23c. DATE SIGNED May 28-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial

24b. DATE May 26-1954

24c. NAME OF CEMETERY OR CREMATORY Rug Evergreen Cemetery

24d. LOCATION (City, town, or county) (State) Alva Illinois

DATE REC'D BY LOCAL REG. 5/25/54

REGISTRAR'S SIGNATURE E. E. Long

25. FUNERAL DIRECTOR'S SIGNATURE Norman C. Hoener **ADDRESS** Cuba Mo

(Licensed Embalmer's Statements on Reverse Side)

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

MAY 27 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Norman C. Hoenen

Licensed Embalmer No. 467

P. O. Address Cuba, Y

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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