

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19595

State File No.

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4716 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Mc Donald		2. USUAL RESIDENCE (Where deceased lived - If institution: residence before admission). a. STATE ARKANSAS b. COUNTY Pulaski	
b. CITY OR TOWN Elk River Twp		c. CITY OR TOWN HITTHE ROCK	
c. LENGTH OF STAY (in this place) 2		d. STREET ADDRESS (If rural, give location) 1823 No HAYES	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) HEON	b. (Middle) BONNER	c. (Last) Fields	4. DATE OF DEATH (Month) (Day) (Year)
				5-30-54

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-1-1935	9. AGE (In years last birthday) 18	10. UNDER 1 YEAR 7	11. UNDER 2 WEEKS 29
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) OKLAHOMA CITY OKLA	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME HEON F Fields	13b. MOTHER'S MARDEN NAME FRANCES BONNER	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS GUDIN BECKETT HITTHE ROCK ARK
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest, and		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Skull.		
DUE TO (c)		E8234 31	
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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 90	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Naeb, Elkh. Twp, McDonald Mo (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) 5-30-54 1:45 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car wreck Crashed into end of Bridge

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) H. M. Humphrey, Coroner	23b. ADDRESS Naeb, Mo.	23c. DATE SIGNED 6-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) COUZA	24b. DATE 6-1-54	24c. NAME OF CEMETERY OR CREMATORY ROSEHAWN CEM	24d. LOCATION (City, town, or county) (State) HITTHE ROCK ARK
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DATE REC'D BY LOCAL REG. 6-25-54	REGISTRAR'S SIGNATURE Marye Humphrey	423 - 1	25. FUNERAL DIRECTOR'S SIGNATURE H. M. Humphrey	ADDRESS Russville, Mo.
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(Licensed Embalmer's Statement of Reverse Side)

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

No. 300
10.480600
03

JUL 7 1959

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 Wayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Des Moines, Ia.

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.