

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

BIRTH NO. REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Jasper Township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farber, Missouri.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Vandaliar Missouri			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) L. c. (Last) VanBuren			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 5, 1916	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 2 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm hand	11. BIRTHPLACE (State or foreign country) Farber, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME C.L. Van Buren	13b. MOTHER'S MAIDEN NAME Olive E. Fitzgerald.	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 489-16-3512	17. INFORMANT'S SIGNATURE OR NAME C.L. VanBuren ADDRESS Sacramento, Calif.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Struck by Lightning.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9351 22	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jasper Township Ralls, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 28, 1954	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by lightning during electrical storm.
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22. I hereby certify that I attended the deceased from **No Medical Attention**, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE OF CORONER Clyde C. Wickey (Degree or title) Coroner 2	23b. ADDRESS Perry, Mo. Ralls County.	23c. DATE SIGNED 6-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-3-1954	24c. NAME OF CEMETERY OR CREMATORY Farber Cemetery	24d. LOCATION (City, town, or county) (State) Farber, Missouri.
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DATE REC'D BY LOCAL REG. 6-29-54	REGISTRAR'S SIGNATURE Clyde C. Wickey	25. FUNERAL DIRECTOR'S SIGNATURE Clyde C. Wickey ADDRESS Perry, Missouri
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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 _____

Clyde C. Wiskey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.