

FILED FEB 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **364**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5136		Registrar's No. 130			
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beaver Dam Twnship			c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Fisk		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Log Woods				e. STREET ADDRESS (If rural, give location) Route #1				0120	
3. NAME OF DECEASED (Type or Print)			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 20, 1934		9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Fisk, Mo. Route #1			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Sanford Hayes			13b. MOTHER'S MAIDEN NAME Flossie Deposter		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 49 8-34-4845		17. INFORMANT'S SIGNATURE OR NAME Sanford Hayes, Fisk, Mo.				ADDRESS	
18. CAUSE OF DEATH Enter only 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple fractures ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) launched by logs rolling off of a log wagon DUE TO (c) E9101 3 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Log Woods		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 012 (STATE)					
21d. TIME OF INJURY Jan 27-1955 1:00A.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? chain slipped on a load of logs hitting them roll off wagon crushing him					
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 11:00A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Grover W. Keen 3 Coronor				23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED Jan 28-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-1-55	24c. NAME OF CEMETERY OR CREMATORY Browns Chapel Cem.		24d. LOCATION (City, town, or county) (State) Brosley, Mo.				
DATE REC'D BY LOCAL REG. 1/29/55		REGISTRAR'S SIGNATURE R.A. Murrell		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell				ADDRESS Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 31 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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 _____
Signature of Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4514
412

P. O. Address pp. Bluff

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.