No. 300
10-48

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 662

BIRTH NO. ______ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5310 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Lamine Twp
c. LENGTH OF STAY (in this place) 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cooper
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) RFD Blackwater, Mo. 0270 0

3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) (none) c. (Last) SEVIER

4. DATE OF DEATH (Month) Jan (Day) 24 (Year) 1955

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0
8. DATE OF BIRTH Sept. 30, 1895
9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (City and State or Foreign Country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ulysses B. Sevier
13b. MOTHER'S MAIDEN NAME Isabelle Malott
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lewis Hammond - Blackwater, Mo.

MEDICAL CERTIFICATION

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.*

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

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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INTERVAL BETWEEN ONSET AND DEATH (?)

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.) County road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Cooper 027 (STATE) Mo.
21d. TIME OF INJURY (Month) 1 (Day) 24 (Year) 55 (Hour) about 1 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? fell in deep ditch beside road.

22. *I hereby certify that I attended the deceased from* no attendance *, 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) R L Dieckgraeger 0 M.D
23b. ADDRESS Cooper Boonville Mo
23c. DATE SIGNED 1/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Jan. 26/55
24c. NAME OF CEMETERY OR CREMATORY Arrow Rock Cemetery
24d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri

DATE REC'D BY LOCAL REG. 1-25-55
REGISTRAR'S SIGNATURE D. E. Hooper 381 0
25. FUNERAL DIRECTOR'S SIGNATURE B. W. Thacher ADDRESS Boonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Berry W. Thacker

Licensed Embalmer No. 39

P. O. Address Bonnie

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.