

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14481

State File No.

FILED MAY 4 1955

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6246 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Francis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Concord Twp. unknown</u>		c. CITY OR TOWN <u>Desloge</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Irondale</u>		e. STREET ADDRESS (If rural, give location) <u>709 Chestnut St. 0949</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Donald</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Radford</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct 29, 1929</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Magazine Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>25</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u> IF UNDER 1 MRS. Hours <u>-</u> Min. <u>-</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Riversides Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Radford</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H Geneva Radford</u> ADDRESS <u>Desloge Mo.</u>
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Morbidly Exa</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>self administered</u>	
DUE TO (c) _____		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 checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near Irondale</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Wash.</u> (COUNTY) <u>Mo.</u> (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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) <u>Dr. P. L. Gibson Canara</u>		23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>4-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>St. Francis Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>5/2/55</u>	REGISTRAR'S SIGNATURE <u>40310</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arbuck Rudall Raymond Caldwell</u> ADDRESS <u>Flat River Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 3 1955

WASH. COUNTY HEALTH DEPT.

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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 _____
Signature of Student Embalmer

Signed *Murphy L. Spinks*

Licensed Embalmer No. *4256*

P. O. Address *1st Pine*

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.