

**STANDARD CERTIFICATE OF DEATH**

15106  
~~575~~

State File No. \_\_\_\_\_

**FILED JUN 1 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 524

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>		c. CITY OR TOWN <u>St. Clair</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>St. Clair</u>		e. STREET ADDRESS (If rural, give location) <u>St. Clair Mo. 0360</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Carol</u> c. (Last) <u>Dulworth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>June 11-1933</u>		9. AGE (In years last birthday) <u>21</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u> IF UNDER 1 MRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo -</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Herbert Dulworth</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Foster</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year (date of service)) <u>U.S. Army</u>		16. SOCIAL SECURITY NO. <u>498-34-7408</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Young - St. Clair Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF (b) <u>In Auto-Truck collision on Highway #66 1 mile west of Hwy #301</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>west of Hwy #301</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>Hwy 66</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Clair Franklin Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 29 1955 12:40 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>In Auto-Truck collision</u>	

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 <u>Ernest P. Ottensmeyer</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Keosauqua Mo</u>		23c. DATE SIGNED <u>May 29 1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 31 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Clair Mo.</u>	

DATE REC'D BY LOCAL REG <u>5-30-55</u>		REGISTRAR'S SIGNATURE <u>Lloyd Adams</u>		511-0	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shenwood W. Kitchell</u>		ADDRESS <u>St. Clair Mo.</u>	

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

No. 300  
10-48

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JUL 13 1955

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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... *Sherwood W. Kitchell* .....

Licensed Embalmer No. 387

P. O. Address... *He...*

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.