

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22856

State File No. _____

FILED JUL 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>134</u>	
1. PLACE OF DEATH a. COUNTY <u>Way of between Macon, Boone & Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Hudson</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Bevier</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 _____				• STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernell</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Labar</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-55</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>9-6-39</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>15</u> Months <u>10</u> Days <u>9</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Welford Labar</u>			
13b. MOTHER'S MAIDEN NAME <u>Genevieve Macon</u>				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Welford Labar</u> ADDRESS <u>Bevier Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED SKULL, Crushed Chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto Accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Verdict of Coroners Jury</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>(Accidental Death Due to Auto Accident)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Last.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E8101</u> <u>26</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>Highway 36</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>East Fork Bridge</u> (COUNTY) <u>Macon</u> (STATE) <u>Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 15 5:35 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>Head on Collision Auto & Truck</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 <u>7:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Sister Vittora</u> (Degree or title) <u>Coroner 3</u>				23b. ADDRESS <u>Macon Mo.</u>		23c. DATE SIGNED <u>July 20, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richard Dale Cmn</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/20/55</u>		REGISTRAR'S SIGNATURE <u>Paul M. Snelley</u> 185		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Edwards</u> ADDRESS <u>Bevier Mo</u>			

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

RECEIVED 7.25.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.55.118
Date Filed 7.26.55

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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 *H. G. Edwards* 196
.....

Licensed Embalmer No. ~~557~~

P. O. Address *Brewer*

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.