

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25273

State File No.

No. 300
10-4a

FILED SEP 6 1955

BIRTH NO. _____ REG. DIST. NO. B2 PRIMARY REG. DIST. NO. 5114 Registrar's No. 625

1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ballinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wayne</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville 0090</u>	d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile South of Galma</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>TROY</u>	b. (Middle) <u>W</u>	c. (Last) <u>CHOATE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug. 27, 1932</u>	9. AGE (In years last birthday) <u>22</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>8</u>	11. UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>military service</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>air force</u>	11. BIRTHPLACE (State or foreign country) <u>Lutesville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W.W. Choate</u>	13b. MOTHER'S MAIDEN NAME <u>Leslie Francis</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1951 to 1955</u>	16. SOCIAL SECURITY NO. <u>495-34-6894</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Choate</u>	ADDRESS <u>Lutesville, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>1955 - no autopsied</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture - Severe</u>		
	*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		
ANTECEDENT CAUSES		DUE TO (b) <u>Head completely mangled</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ---		DUE TO (c) <u>Due to Auto Accident</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Auto landed on Victim's Head</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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>Highway</u>	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <u>Galma 51 South Ballinger Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 19-55 10:30 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>Auto Accident</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 8-19-55, 19____, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gene Ward - coroner</u>	23b. ADDRESS <u>Lutesville Mo</u>	23c. DATE SIGNED <u>8-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>aug. 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>8-27-55</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Killeen Van Amburg</u>	ADDRESS <u>Baker Funeral Home, Lutesville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0090

APR 25 1956

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
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttwitzville, Mo

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 this body is not embalmed, fact should be so stated above.