

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17046**

BIRTH NO. 124 REG. DIST. NO. 286 PRIMARY REG. DIST. NO. 5749 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Madison <u>0620</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before and present) a. STATE Missouri b. COUNTY Madison <u>0620</u>	
b. CITY (If outside corporate limits, write RURAL and give name of township) Rural - Polk Township <u>3</u> OR TOWN Polk Township <u>3</u>		c. CITY OR TOWN Mine LaMotte	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis River		e. STREET ADDRESS (If rural, give location) rural - Mine LaMotte Township	

3. NAME OF DECEASED (Type or Print)	a. (First) Homer	b. (Middle) Lee	c. (Last) Query	4. DATE OF DEATH (Month) (Day) (Year)	May 30 1956
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5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7, 1927	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Lead Mines	11. BIRTHPLACE (City and State or Foreign Country) Kannapolis, North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Marvin Query	13b. MOTHER'S MAIDEN NAME Lula McDaniel	14. NAME OF HUSBAND OR WIFE Evelyn Query
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 2-7-45 - 6-13-46	16. SOCIAL SECURITY NO. 242-36-3052	17. INFORMANT'S SIGNATURE OR NAME Mrs. Evelyn Query - Mine LaMotte, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONERS JURY VERDICT: CAME TO HIS DEATH BY ACCIDENTAL DROWNING		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably fell on rock which struck his forehead then into water being unconscious at the time of striking water.		
	DUE TO (c) Bruises on forehead		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 9298 42	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Francis River	21c. (CITY, TOWN, OR TOWNSHIP) Polk Township (COUNTY) Madison (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 30 1956 5:45 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? FELL
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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 _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sam Lajin, Jr., Coroner Madison Co. Mo.	23b. ADDRESS Fredericktown Mo.	23c. DATE SIGNED 5-31-56
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24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL	24b. DATE 6/2/1956	24c. NAME OF CEMETERY OR CREMATORY KANNAPOLIS CEMETERY	24d. LOCATION (City, town, or county) (State) KANNAPOLIS, No. CAROLINA
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DATE REC'D BY LOCAL REG. 5-31-1956	REGISTRAR'S SIGNATURE Therese Hicks	25. FUNERAL DIRECTOR'S SIGNATURE J. Adamson	ADDRESS Fredericktown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JUN 5 - 1956
RECEIVED

FILE No. 656-28

67 NOPY

JUN 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Raymond B. ...

Licensed Embalmer No. 48

P. O. Address Fredericktown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.