

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31149

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 130

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Webb City		Length of stay in lb enroute	d. STREET ADDRESS 307 N. Tom St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lloyd Middle E. Last Call			4. DATE OF DEATH Month Sept. Day 22 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-14-1926	9. AGE (In years last birthday) 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Gravel Co.		11. BIRTHPLACE (City and state or country) Mt. Vernon, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Everitt L. Call			14. MOTHER'S MAIDEN NAME Pearl Grissom		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give year or date of discharge yes 8-7-44 to 5-10-46		16. SOCIAL SECURITY NO. 557-30-7018		17. INFORMANT Address Mrs. Pearl Brown Rt. 1, Webb City	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractures multiple skull					INTERVAL BETWEEN ONSET AND DEATH Instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					8234
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Missed curve driving car at excessive speed 1 mi north of Main St. hit curb Mo. crushed skull in egg shell			
20c. TIME OF INJURY Hour 3:40 or p. m. p. m. Month, Day, Year 9-24-56		20d. INJURY OCCURRED WORK AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1 mi North of Webb City Mo		20f. CITY, TOWN, OR LOCATION Mineral Jasper		COUNTY Jasper STATE Mo.	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 3:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wendell M. Cronin, M.D.			22b. ADDRESS 1001 N. Bell		22c. DATE SIGNED 9/27/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-25-56	23c. NAME OF CEMETERY OR CREMATORY Brick Church Cemetery		23d. LOCATION (City, town, or county) (State) N.E. of Mt Vernon, Mo.
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Mortuary		25. DATE RECD. BY LOCAL REG. 9-27-56		26. REGISTRAR'S SIGNATURE Mrs. Madeline Sirtzer	

474

RECEIVED
Jasper County Health Officer
Jasper County Health Office

DATE FILED
OCT 1 1956

RECEIVED
Jasper County Health Office
County File Number 56-10-268
Date Filed OCT 1 1956

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.....
Signature of Student Embalmer

Signed *Jack C. Simpson*

Licensed Embalmer No. 464

P. O. Address Webb City

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