

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42849

STATE FILE NUMBER

FILED JAN 15 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11964

ath,elfare
blic
ervice

00
-56

3

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Part I. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas				b. COUNTY Lonake			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN England				8030 8 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alex. Bros Hosp				Length of stay in lb D.O.A.		d. STREET ADDRESS 401 So East 3rd St				(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Billy Middle Carroll Last Clubbs						4. DATE OF DEATH Month Dec Day 27 Year 1956					
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 13 1936		9. AGE (In years last birthday) 20		10. IF UNDER 1 YEAR Month 3 Day 14 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown				10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft		11. BIRTHPLACE (City and state or country) England, Ark.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Norman Clubbs						14. MOTHER'S MAIDEN NAME Ozelina Cox					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give (a) unknown (b) yes, give war or dates of service) NO None				16. SOCIAL SECURITY NO.		17. INFORMANT Mr Norman Clubbs Address England, Ark.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Internal hemorrhage; Multiple fractures suffered when car operated by Rayne Shepard, who which deceased was a passenger struck tree alongside of Highway #64.</i> DUE TO (a) <i>Internal hemorrhage; Multiple fractures suffered when car operated by Rayne Shepard, who which deceased was a passenger struck tree alongside of Highway #64.</i> DUE TO (b) <i>Internal hemorrhage; Multiple fractures suffered when car operated by Rayne Shepard, who which deceased was a passenger struck tree alongside of Highway #64.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I <i>2 miles South of Highway #141, about 600 feet. December 27, 1956.</i>										INTERVAL BETWEEN ONSET AND DEATH	
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.) <i>27th 1956.</i>						8234 32		
20c. TIME OF INJURY Hour 6:00 a. m. Month, Day, Year 12 27 56			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. Attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>6:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Paul Smith</i> (Degree or title) 3						22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>12/28/56</i>		
23a. BURIAL, CREATION, REMOVAL (Specify) Removal		23b. DATE Dec. 28th 1956		23c. NAME OF CEMETERY OR CREMATORY England, Arkansas				23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Wilson Funeral Home ADDRESS England, Ark.					25. DATE RECD. BY LOCAL REG. DEC 28 1956		26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i> mgs				

(Licensed Embalmer's Statement on Reverse Side)

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.....
Gustav W. J. [Signature]

Licensed Embalmer No. *4*

P. O. Address *St Louis*

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