

FILED JAN 21 1957

STANDARD CERTIFICATE OF DEATH

871

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin				
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Union		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) St. Francis			Length of stay in 1b 2 Hours	d. STREET ADDRESS (If outside, give location) West Park Ave			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Harvey Tredway				First	Middle	Last	4. DATE OF DEATH January 13 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23 1882		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1 Days 23	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Head Custodian			10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (City and state or country) Piedmont, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edmund Tredway				14. MOTHER'S MAIDEN NAME Mandy Lowery				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 196-10-7490		17. INFORMANT Address Mrs Thelma Barton Robertson, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CRUSHING INJURY OF CHEST DUE TO (b) Automobile Accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) TRAUMATIC SHOCK, FRACTURE LEFT LEG, MULTIPLE LAC.							INTERVAL BETWEEN ONSET AND DEATH 1 HOUR	
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.) Auto Accident			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20c. TIME OF INJURY 12:45 p.m. 1/13/57		20d. INJURY OCCURRED WHILE AT WORK <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.) NEAR STELAR, MO ON GRAVEZ RD		20f. CITY, TOWN, OR LOCATION COUNTY STATE Franklin Mo.		
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS Union, Mo		22c. DATE SIGNED 1/14/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/16/57	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery		23d. LOCATION (City, town, or county) (State) Union, Franklin, Missouri			
24. FUNERAL DIRECTOR ADDRESS E. F. Ulmann senior mo.			25. DATE RECD. BY LOCAL REG. 1/15/57		26. REGISTRAR'S SIGNATURE [Signature]			

22

1908

318

RECEIVED
MAY 25 1908

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 *E. F. Oltman*

Licensed Embalmer No. *168*

P. O. Address *Union 70*

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.

11/21/11