Health, & Welfare Public Service

S. 300
. 1-56

securing the medical certification in the specific manner required by 193.140 Mo. Rev. Stat. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12940
STATE FILE NUMBER

Registration District No. 382 Primary Registration District No. 4228 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY HOWARD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GLASGOW MO. Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Foot of Commerce St. Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY HOWARD
c. CITY OR TOWN FAYETTE MO. Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 401 W MORRISON Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JOHN Middle LEWIS Last STEARNS
4. DATE OF DEATH Month APR. Day 17, Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH NOV. 10, 1941
9. AGE (In years last birthday) 15 IF UNDER 1 YEAR Months 5 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) High School
10b. KIND OF BUSINESS OR INDUSTRY SCHOOLING
11. BIRTHPLACE (City and state or country) HOWARD COUNTY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME RUSSELL STEARNS
14. MOTHER'S MAIDEN NAME BESSIE POLLY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address Mrs Bessie Stearns Fayette Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Car Wreck
DUE TO (c) 8234
INTERVAL BETWEEN ONSET AND DEATH Immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Multiple Internal Injuries 32
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car Wreck into River
20c. TIME OF INJURY 9 Hour a. m. p. m. Month, Day, Year 4-17-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway
20f. CITY, TOWN, OR LOCATION Glasgow COUNTY Howard STATE MO
21. I attended the deceased from 4-17-57, to 4-17-57 and last saw ~~her~~ him alive on 4-17-57
Death occurred at 9 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Wa Bloom M. D. Coroner
22b. ADDRESS Fayette Mo
22c. DATE SIGNED 4-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE APR. 20, 1957
23c. NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
23d. LOCATION (City, town, or county) (State) 12 mi So Glasgow Mo.
24. FUNERAL DIRECTOR ADDRESS Audsley - Friemouth Glasgow Mo.
25. DATE RECD. BY LOCAL REG. Apr. 22, 1957
26. REGISTRAR'S SIGNATURE Walker Audsley

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

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

by me, or by Charles T. Lanham, Student Embalmer No. 53

working under my personal supervision..

Student Charles T. Lanham
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 397

P. O. Address Glasgow

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