

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

15992

STATE FILE NUMBER

FILED MAY 13 1957

Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 2

Health,
Welfare
Public
Service

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 casually 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 <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOAN TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>SILVA</u>		11 ⁰⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>2 1/2 MI NORTH SILVA</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>FRANCIS</u> Last <u>ODAY</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>6</u> Year <u>1957</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 22, 1908</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and state or country) <u>HOCK ARIZ</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>SAMUEL ODAY</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWT</u>			16. SOCIAL SECURITY NO. <u>717-14-5533</u>		17. INFORMANT <u>MARY MARIE ODAY SILVA, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Drowning</u> DUE TO (c) <u>850X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 MIN.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>42</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>Boating accident 1 mi south of Baker</u>					
20c. TIME OF INJURY Hour <u>8:02</u> Month, Day, Year <u>MAY 6-57</u> P. M.			20d. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg.; etc.) <u>St. Francis River</u>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Wayne Mo</u>		20g. COUNTY <u>Wayne</u>			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>8:02 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Marvin E. Bowler Coroner</u>				22b. ADDRESS <u>2 Piedmont, Mo</u>		22c. DATE SIGNED <u>5-8-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>5-9-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>PIEDMONT Mo.</u>			
24. FUNERAL DIRECTOR <u>High Funeral Home</u> <u>Mc. Bowler</u>			ADDRESS <u>Piedmont, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 8-1957</u>	26. REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		

460

(Licensed Embalmer's Statement of Reverse Side)

JUL 25 1957

MAY 22 1957

MAR 19 1958

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 me....., Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Martin E. Bowles.....

Licensed Embalmer No. 44

P. O. Address Redmond

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