

FILED MAY 13 1957

STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 6365 Registrar's No. 26

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Fair Grove, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Rt. 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>DWain ALLISON Tracy</u>			4. DATE OF DEATH Month Day Year <u>4 27 57</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-29-1939</u>
9. AGE (In years last birthday) <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Student</u>	11. BIRTHPLACE (City and state or country) <u>California</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John m. Tracy</u>	
14. MOTHER'S MAIDEN NAME <u>Hazel Pritchard</u>		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>No</u>	
18. INFORMANT <u>John m. Tracy, Fair Grove, Rt. 2</u>		19. ADDRESS	
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>Neck fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ONE CAR ACCIDENT</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			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.) <u>ONE CAR ACCIDENT</u>	
20c. TIME OF INJURY Hour <u>9:00</u> p.m. Month, Day, Year <u>4-27-57</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HyWay 66</u>	
20e. CITY, TOWN, OR LOCATION <u>Webster Co. Mo.</u>		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>9:30</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank Owen acting Coroner</u>		22b. ADDRESS <u>Marshfield, Mo.</u>	
22c. DATE SIGNED <u>5-3-57</u>		23a. BURIAL CREMATION, REMOVAL (See 11f) <u>BURIAL</u>	
23b. DATE <u>4-30-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	
23d. LOCATION (City, town, or county) <u>WEBSTER Co. Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>BARBET EDWARDS</u>		25. DATE RECD. BY LOCAL REG. <u>5/6/57</u>	
26. REGISTERAR'S SIGNATURE <u>J. Franey</u>		27. ADDRESS	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *RWT Borb* .....

Licensed Embalmer No. *388* .....  
P. O. Address *Mt. Grove Pa* .....

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.