

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 01 8003

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY MORGAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Osage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural Osage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 miles S. Gravois Mills Mo			Length of stay in 1b 30 minutes	d. STREET ADDRESS 3 miles S.E. Gravois Mills			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WANETA Middle FAY Last BLAND				4. DATE OF DEATH Month MAY Day 10 Year 1957			
5. SEX Female	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 April 27, 1939	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months 1 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House Keeping		11. BIRTHPLACE (City and state or country) Staver Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Louis Abbott				14. MOTHER'S MAIDEN NAME Wyona Smith			
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. 49742-6166		17. INFORMANT Louis Abbott		Address Staver Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Neck DUE TO (b) Fracture of Skull DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH immediate mediate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Automobile Accident Mo State Highway #5						
20c. TIME OF INJURY Hour 5:47 Month May Day 10 Year 57 p. m.							
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, factory, street, office bldg., etc.) Public Highway	20f. CITY, TOWN, OR LOCATION 2 1/2 m S Gravois Mills	COUNTY Morgan	STATE Mo			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 5:47 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Eric H. Bastian CORONER				22b. ADDRESS Versailles, Mo		22c. DATE SIGNED 11 May 57	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	23b. DATE May 14, 1957	23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery		23d. LOCATION (City, town, or county) (State) Versailles Missouri			
24. FUNERAL DIRECTOR Dana R. Science Versailles, Mo.				ADDRESS	25. DATE RECD. BY LOCAL REG. 5-14-57	26. REGISTRAR'S SIGNATURE J L Washburn	

(Licensed Embalmer's Statement on Reverse Side)

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON-TYPEWRITE IF POSSIBLE

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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 *J. Amb. P. Scurran*.....

Licensed Embalmer No. *450*

P. O. Address *Verona, N.J.*

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.