FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

25705

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 5962 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bean Lake — Length of stay in Hospital: 1 Hr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Platte
c. CITY OR TOWN: Platte City, Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sylvester Middle: Last: Housewright Jr.

4. DATE OF DEATH: Month: July Day: 19 Year: 1957

5. SEX: Male 6

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept. 5, 1952

9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Dallas Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sylvester Housewright

14. MOTHER'S MAIDEN NAME: Sally Bianchi

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Sylvester Housewright — Address: Platte City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DROWNING

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) E929.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 42

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION: BEANLAKE — COUNTY: PLATTE 083 — STATE: Mo.

21. I attended the deceased from ——, to ——, and last saw her/him alive on ——
Death occurred at APPROX. 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roland M. Giffee, Coroner 3

22b. ADDRESS: Platte City Mo.

22c. DATE SIGNED: 7-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 22 1957

23c. NAME OF CEMETERY OR CREMATORY: Platte City Cemetery

23d. LOCATION (City, town, or county) (State): Platte City, Mo.

24. FUNERAL DIRECTOR: Rollins & Mitchell — ADDRESS: Platte City, Mo.

25. DATE RECD. BY LOCAL REG.: July 22 57

26. REGISTRAR'S SIGNATURE: Ophie Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casualty related. Coroner cannot certify to a death due to natural causes.

JUL 1957
RECEIVED
PLATTE COUNTY
HEALTH DEPT.
BY

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Roland M. Giffee

Licensed Embalmer No. 47

P. O. Address Platte City

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.