

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27240
STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEVADA		c. CITY OR TOWN Webb City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 320 S. LYNN		d. STREET ADDRESS (If outside, give location) UNKNOWN	
3. NAME OF DECEASED (Type or print) RALPH		4. DATE OF DEATH JUNE 8 1957	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH APRIL 24, 1887	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FURNITURE DEALER	
11. BIRTHPLACE (City and state or country) D CARTERSVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME NO DATA		14. MOTHER'S MAIDEN NAME NO DATA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT ROLAND SAYLOR RT #3 CARTHAGE, MO.		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>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>none</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>none</u>	
20c. TIME OF INJURY <u>none</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		20f. CITY, TOWN, OR LOCATION Nevada 10 th COUNTY VERNON MO STATE	
21. I attended the deceased from <u>Jan 1957</u> to <u>June 8, 1957</u> and last saw <u>him</u> alive on <u>June 7-57</u> Death occurred at <u>4 1/2 m on the 8th stated above; and to the best of my knowledge, from the causes stated.</u>			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>3</u> (Coroner)		22b. ADDRESS <u>Nevada</u>	
22c. DATE SIGNED <u>6/26/57</u>		23a. BUREAU OF HEALTH RECORDS (State) <u>MO</u>	
23b. NAME OF CEMETERY OR CREMATORY <u>Webb City</u>		23c. LOCATION (City, town, or county) (State) <u>Webb City, MO.</u>	
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO.		25. DATE RECD. BY LOCAL REG. 7-10-1957	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

JUL 16 1957

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 *Roy C. McLeod*

Licensed Embalmer No. *485*

P. O. Address *Wanda, W.*

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.