

No. 300  
10. 48

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33079

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>2201</u>			
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>					
b. CITY OR TOWN <u>St Charles</u>		c. LENGTH OF STAY (If applicable) <u>3 days</u>		c. CITY OR TOWN <u>St Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S6 Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Rt 2</u> <span style="float: right;">0920</span>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilbur</u>		b. (Middle) <u>Dean</u>		c. (Last) <u>Furnish</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 6 1928</u>			
9. AGE (In years last birthday) <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Air Craft</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kaiser Ark</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Vassar Furnish</u>		13b. MOTHER'S MAIDEN NAME <u>Essie Osborn</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Tankersley Furnish</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War 2</u>		16. SOCIAL SECURITY NO. <u>430-34-7896</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Agnes Furnish St Charles Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture - due to automobile and motorcycle collision.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ST. CHARLES ST. CHARLES MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>130 MOTORCYCLE CAR ACCIDENT</u>					
22. I hereby certify that I attended the deceased from <u>Sept. 13 1957</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Maria Muechery Curran</u>				23b. ADDRESS <u>Wentzville Mo</u>		23c. DATE SIGNED <u>Sept 12 1957</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 15 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 14 57</u>		REGISTRAR'S SIGNATURE <u>Maeceen Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur C. Paine St Charles Mo.</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 1 1957

MAR 14 1958

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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 *Arthur C. Bane* .....

Licensed Embalmer No. *3147* .....

P. O. Address *St. Charles* .....

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.