

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35622

STATE FILE NUMBER

FILED NOV 7 1957

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 92

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Banner, Mo Rural 0470 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital Length of stay in 1b 3hrs		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Junior Lee <i>First Middle Last</i>		4. DATE OF DEATH 10/30/57 <i>Month Day Year</i>	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 1/1955 2Yrs
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baby		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 2Yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baby		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday) 2Yrs
11. BIRTHPLACE (City and state or country) Banner, Mo Rural		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jess Duncan		14. MOTHER'S MAIDEN NAME Rachel Duncan Banner, Mo	
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. none	
17. INFORMANT Jess Duncan Banner, Mo.		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) First second & Third degree burns			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 9160 16			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) Trapped when home burned	
20c. TIME OF INJURY II A.M. 10/30/57 <i>Hour Month, Day, Year a. m.</i>			
20d. INJURY OCCURRED WHILE AT WORK <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.) home	
		20f. CITY, TOWN, OR LOCATION Banner, Mo. COUNTY Iron STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on 10/30/57 Death occurred at 2.00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. H. Howell (Degree or title) Coroner		22b. ADDRESS Ironton, Mo.	
		22c. DATE SIGNED 11/1/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/1/57	
23c. NAME OF CEMETERY OR CREMATORY Nelson Cemetery		23d. LOCATION (City, town, or county) (State) Banner Mo	
24. FUNERAL DIRECTOR Howell Funeral Home Ironton, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 11/1/57	
		26. REGISTRAR'S SIGNATURE Mrs. Aris Jones	

(Licensed Embalmer's Statement on Reverse Side)

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

C. A. Howell

Licensed Embalmer No. *36*

P. O. Address *Route*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.