

FILED MAR 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-006187
State File No.

BIRTH NO.		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5595</u>		Registrar's No. <u>30</u>			
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROCK TOWNSHIP		c. LENGTH OF STAY (In this place) 1 YR		c. CITY OR TOWN RURAL ROUTE		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 RURAL ROUTE ARNOLD MO				e. STREET ADDRESS (If rural, give location) RURAL ROUTE ARNOLD MO					
3. NAME OF DECEASED (Type or Print) DONALD			a. (First)		b. (Middle) RAY		c. (Last) KEY		
4. DATE OF DEATH FEB. 7, 1958		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH FEB. 21 1953	
9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR 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 Foreign Country) MEMPHIS TENN.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME LEBERN KEY			13b. MOTHER'S MAIDEN NAME ZARA SARTAIN			14. NAME OF HUSBAND OR WIFE			
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'S SIGNATURE OR NAME LEBERN KEY ARNOLD MO			ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3° Burns - 100% of body				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		9160 16		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Rock 050 Jeff MO.					
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? Home FIRE					
22. I hereby certify that I attended the deceased from Inquest , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE <i>James E. DeWald M.D.</i>				23b. ADDRESS <i>Carroll 3 Fulton, Mo.</i>		23c. DATE SIGNED 2/18/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 20 1958		24c. NAME OF CEMETERY OR CREMATORY BURGESS CEMETERY		24d. LOCATION (City, town, or county) (State) ANTONIA MO			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-20-58		REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO					

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 12 1958

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..

NOT EMBALMED

Student.....
Signature of Student Embalmer

Signed *Elmer Heiligtag*.....

Licensed Embalmer No.....

P. O. Address.....

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.