

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009759

STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Frankois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Elvins, Rt. # 1 0940</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys</u>		Length of stay in 1b <u>8 hrs.</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>DONALD</u> Middle <u>L.</u> Last <u>BLACK</u>			4. DATE OF DEATH Month <u>March</u> Day <u>15</u> Year <u>1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct-10-1938</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>19</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>St. Francois Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Lewis Black</u>		14. MOTHER'S MAIDEN NAME <u>Vivian Gann</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-42-4309</u>	17. INFORMANT <u>Mr. Lewis Black Elvins, Mo Rt. 1</u> 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) <u>Fracture of Osseum - Rt Femur</u> DUE TO (b) <u>Multiple Ribs - Rupture of Liver</u> DUE TO (c) <u>Rt Kidneys</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input 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.) <u>0</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Ironton</u>	COUNTY <u>Iron</u> STATE <u>Mo</u>
21. I attended the deceased from <u>2:45 P.M.</u> to <u>10:50 P.M.</u> and last saw him alive on <u>3-15-58</u> . Death occurred at <u>10:50 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Leads A Sparks</u> (Degree or title)		22b. ADDRESS <u>Ironton Mo</u>	22c. DATE SIGNED <u>3-18-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar-18-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bismarck, Masonic</u>	23d. LOCATION (City, town, or county) (State) <u>Bismarck, Mo.</u>
24. FUNERAL DIRECTOR <u>Murphy L. Sparks Flat River, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-22-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with age listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 26 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..

Student.....
Signature of Student Embalmer

Signed *Murphy L. Sparks*.....
Licensed Embalmer No. *423*
P. O. Address *West River*.....

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.