

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011104

STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <i>Moberly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Jacksonville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Woodland Hospital 2 Days</i>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>None</i>		
3. NAME OF DECEASED (Type or print) First <i>WINFRED</i> Middle <i>EVERETTE</i> Last <i>DAY</i>				4. DATE OF DEATH Month <i>March</i> Day <i>15</i> Year <i>1958</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>April-16-1875</i>		9. AGE (In years last birthday) <i>82</i> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer Retired</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (City and state or country) <i>Cairo Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>DABNEY GARTH DAY</i>				14. MOTHER'S MAIDEN NAME <i>BETTIE DAMERON</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>196-36-2129</i>		17. INFORMANT <i>Mrs. Brian Day Jacksonville Mo</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Crushed Left chest</i> <i>Dislocation Left shoulder</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Mediastinal emphysema.</i> DUE TO (c) _____ 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 <i>24 hrs.</i>	
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.) <i>Struck by auto public Highway (63)</i>					
20c. TIME OF INJURY Hour <i>3</i> Month <i>Mar</i> Day <i>14</i> Year <i>58</i> p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, motor vehicle, office, etc.) <i>14 March 15 March</i>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <i>Jacksonville, Randolph Mo</i>		20g. COUNTY <i>Mo</i>			
21. I attended the deceased from <i>14 March</i> to <i>15 March</i> and last saw him alive on <i>15 March</i> Death occurred at <i>4:55 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Brewster Mo</i>				22b. ADDRESS <i>Moberly Mo</i>		22c. DATE SIGNED <i>20 Mar 58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>March-17-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens</i>		23d. LOCATION (City, town, or county) (State) <i>Moberly Mo.</i>		
24. FUNERAL DIRECTOR <i>CaterFuneral Home Moberly Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>3-17-58</i>		26. REGISTRAR'S SIGNATURE <i>Carroll</i>		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms must be stated. No symptoms with no signs. Doctor, coroner, etc. must use only standard nomenclature in them. No symptoms with no signs.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *R.M. Carter* .....

Licensed Embalmer No. *H/1*

P. O. Address *Moberly* .....

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.