

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012871

STATE FILE NUMBER

FILED MAR 20 1958

Registration District No. 333 Primary Registration District No. 6113 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Townl mi. North, Benton, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Oran</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi. N., Benton, Mo.</u>			Length of stay in 1b		d. STREET ADDRESS <u>None</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Dan</u> Middle <u>Ethridge</u> Last <u>Ozbun</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>11</u> Year <u>1958</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 16, 1931</u>		9. AGE (In years last birthday) <u>26</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drag Line Oiler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Bono, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13. FATHER'S NAME <u>Ollie Ozbun</u>				14. MOTHER'S MAIDEN NAME <u>Woods</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Navy</u>		16. SOCIAL SECURITY NO. <u>498-36-9671</u>		17. INFORMANT <u>Mrs. Dan Ozbun Oran, Mo.</u>						
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>Crossed Face - Severe Frontal Skull Fracture</u>								INTERVAL BETWEEN ONSET AND DEATH <u>0</u>		
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)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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.) <u>Head-on collision - 2 cars.</u>							
20c. TIME OF INJURY <u>9:15 PM 2-11-58</u>										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy. 61 - 1 mi. no. of Benton</u>			20f. CITY, TOWN, OR LOCATION <u>Benton Rural</u>		COUNTY <u>Scott</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>First call, 10</u> after death and last saw <u>her</u> alive on _____ Death occurred at <u>9:15 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>Thelma C. Buchthorpe, M.D. Health Officer - Benton Mo</u>					22b. ADDRESS <u>Benton Mo</u>			22c. DATE SIGNED <u>2-16-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-14-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lulu Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>				
24. FUNERAL DIRECTOR <u>Ford & Sons</u>			ADDRESS <u>Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-3-58</u>		26. REGISTRAR'S SIGNATURE <u>Thos. Edgar Hunter</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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DATE RECEIVED MAR 10 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 358-64

MAR 20 1958

APR 22 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 Raymond C. Cews

Licensed Embalmer No. 34

P. O. Address Likent

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.