

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021659  
STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 128 Primary Registration District No. 2-00 Registrar's No. 612

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u> <u>8340</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East of Spfld Highway 66</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u></u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>DARRELL JUNIOR SATTERFIELD</u>			4. DATE OF DEATH Month Day Year <u>June 12 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>August 24, 1936</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Parts man</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Auto-Sales</u>	9. AGE (In years last birthday) <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Parts man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto-Sales</u>	10. DATE OF BIRTH <u>August 24, 1936</u>
11a. FATHER'S NAME <u>Ralph Satterfield</u>		11b. MOTHER'S MAIDEN NAME <u>Charlene Reid</u>	11. BIRTHPLACE (City and state or country) <u>Madison County, Ohio</u>
12a. FATHER'S NAME <u>Ralph Satterfield</u>		12b. MOTHER'S MAIDEN NAME <u>Charlene Reid</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		14. SOCIAL SECURITY NO. <u>281-32-7940</u>	15. INFORMANT <u>Ralph Satterfield, Sedalia, Ohio</u>
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PROBABLE BROKEN NECK</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</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 checked="" 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>CAR HE WAS IN COLLIDED WITH A GASOLINE TRANSPORT TRUCK AND TRAILER. HE WAS PASSENGER IN CAR</u>		
20c. TIME OF INJURY <u>APPROX 5:30 a.m. JUNE 12 1958</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US HIGHWAY 66</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>039</u> COUNTY <u>GREENE</u> STATE <u>MISSOURI</u>		
21. I attended the deceased from _____ to <u>June 12, 1958</u> and last saw him alive on _____ Death occurred at <u>5:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ralph Satterfield</u>		22b. ADDRESS <u>Springfield, Missouri</u>	22c. DATE SIGNED <u>16 JUNE 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>June 13, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	23d. LOCATION (City, town, or county) (State) <u>Jeffersonville, Ohio</u>
24. FUNERAL DIRECTOR <u>Jewell E. Windle</u>		25. DATE RECD. BY LOCAL REG. <u>6-17-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

3

NO symptoms were observed in their life. NO symptoms were observed in their life. NO symptoms were observed in their life.

JUN 23 1959

MS MAY 28 1959

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 *Robert E. Muhlman*

Licensed Embalmer No. *4916*.....

P. O. Address *Springfield*.....

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.