

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022157
STATE FILE NUMBER

FILED JUN 19 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 253

S. 300
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1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>So. Dakota</u> b. COUNTY <u>Grant</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Big Stone City</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>Indep. Hospital</u>		Length of stay in lb <u>2 months</u>	d. STREET ADDRESS <u>5408</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>J.</u> Last <u>De Greef</u>			4. DATE OF DEATH Month <u>June</u> Day <u>10</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 type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July-15-1894</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Big Stone City, So. Dakota</u>	
12a. FATHER'S NAME <u>Phillip De Greef</u>		12b. MOTHER'S MAIDEN NAME <u>Bridgett Maguire</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT <u>Allen De Greef - So. Dakota</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>Memorized - intra-abdominal</u> DUE TO (b) <u>SURGERY FOR BLEEDING DIVIDEND ULCER.</u> DUE TO (c) <u>STRESS REACTION TO INJURY in II</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARDIAC CONTUSION - MULTIPLE RIB FRACTURES</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 WK.</u>
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>2 CAR AUTO COLLISION @ JCT. US 40 & 71 B.P.M.</u>			
20c. TIME OF INJURY Hour <u>8:00</u> a.m. Month <u>4</u> Day <u>27</u> Year <u>58</u>					
20d. INJURY OCCURRED WHILE AT <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>STREET</u>		20f. CITY, TOWN, OR LOCATION <u>INDEPENDENCE</u> COUNTY <u>JACKSON</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>4-27-58</u> to <u>6-10-58</u> and last saw him alive on <u>6-9-58</u> Death occurred at <u>9:15</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John Richard Jones M.D.</u>			22b. ADDRESS <u>10901 WINNER RD. MADISON</u>		22c. DATE SIGNED <u>6-10-58</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>June 11-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Charles Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Big Stone City, So. Dakota</u>
24. FUNERAL DIRECTOR <u>Richard R. Speaks</u>		ADDRESS <u>Indep. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-11-58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 8 1958

JUL 10 1958

JUN 18 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 *Rellie Cassel*

Licensed Embalmer No. *4690*
P. O. Address *Indep Mo.*

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.