

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023013
STATE FILE NUMBER

FILED JUN 20 1958 Registration District No. 314 Primary Registration District No. 6059 Registrar's No. 32

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-57
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1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural- Collins		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural- Lowry City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi-s- Collins		Length of stay in 1b	093 8 STREET ADDRESS Butler Township
3. NAME OF DECEASED (Type or print) First Middle Last Lula Jewell Radford			4. DATE OF DEATH Month Day June 9, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20, 1912 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. June 20, 1912 45
11. BIRTHPLACE (City and state or country) St. Clair County Mo;		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert Ballard		13b. MOTHER'S MAIDEN NAME Clara Mayer	14. NAME OF HUSBAND OR WIFE Oscar Radford
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Oscar Radford, Lowry City Mo;
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head Concussion DUE TO (b) Accident 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 Sudden 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.) Automobile overturned	
20c. TIME OF INJURY Hour Month, Day, Year 11:15 a.m. 6-9-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy: # 13	
20e. CITY, TOWN, OR LOCATION Collins St. Clair Missouri		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:15 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James B. Goodrich Coroner		22b. ADDRESS Osceola Mo	22c. DATE SIGNED 6/10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-12-58	23c. NAME OF CEMETERY OR CREMATORY Lowry City	23d. LOCATION (City, town, or county) (State) Lowry City Missouri
24. FUNERAL DIRECTOR Goodrich Home Osceola Mo		25. DATE RECD. BY LOCAL REG. 6-11-58	26. REGISTRAR'S SIGNATURE Ruth Seewers

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *J. B. Krasick*

Licensed Embalmer No. *3038*

P. O. Address *Asheola, 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.