. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030015
STATE FILE NUMBER

X

FILED SEP 12 1958

Registration District No. 301 Primary Registration District No. 6042 Registrar's No. 617

1. PLACE OF DEATH
a. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Varner Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway 142 1½ mile East of Oxly, Mo. Length of stay in 1b 85 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ripley
c. CITY OR TOWN Oxly Inside Limits Yes ☒ No ☐
d. STREET ADDRESS — (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Richard Middle Henry Last Venable
4. DATE OF DEATH Month 8 Day 24 Year 58
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 12-2-72
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY General Store
11. BIRTHPLACE (City and state or country) Ripley County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Deceased.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 490-40-6777
17. INFORMANT Mrs. Ray Venable Address Oxly, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Compound fracture of the frontal bone of the skull extending to the supraorbital margin over right eye. — INTERVAL BETWEEN ONSET AND DEATH: Instant.
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) Multiple lacerations of the face; part of left chin torn away; right eye protruding.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile collision between a 1953 Ford coach, in which Mr. Venable was a passenger, traveling west and a 1953 1½ ton flat bed truck parked on right hand side of road.
20c. TIME OF INJURY Hour 4:00 a.m. p.m. Month, Day, Year Aug. 24, 1958
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. 142 1½ Mi. E. Oxly.
20f. CITY, TOWN, OR LOCATION Oxly COUNTY Ripley STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ray Means; (Degree or title) Coroner. 3
22b. ADDRESS Doniphan, Missouri,
22c. DATE SIGNED 8/27/58.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-27-58
23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery.
23d. LOCATION (City, town, or county) Ripley County, (State) Mo.

24. FUNERAL DIRECTOR Edwards Funeral Home ADDRESS Doniphan, Mo.
25. DATE RECD. BY LOCAL REG. 9-2-58
26. REGISTRAR'S SIGNATURE Ruth E. Johnston

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 Thomas M. Emmons Jr

Licensed Embalmer No. 5064

P. O. Address Dexter, Me

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.