

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-037472

STATE FILE NUMBER

FILED OCT 28 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 112

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1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Carrollton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray Co. Memorial</u>		Length of stay in 1b <u>3 hours</u>	d. STREET ADDRESS (If outside, give location) <u>1116 Park</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Earl Rearden</u>			4. DATE OF DEATH Month Day Year <u>10 23 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>June 10, 1934</u>		9. AGE (In years last birthday) <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, or given if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rock</u>	11. BIRTHPLACE (City and state or country) <u>Bogard, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Perry A. Rearden</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Mattox</u>		14. NAME OF HUSBAND OR WIFE <u>Shirley H. Rearden</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-36-3343</u>	17. INFORMANT Address <u>Perry A. Rearden, Carrollton, 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>Intracranial pressure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>about 5 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Head injury</u>					
DUE TO (c) <u>Auto accident</u>					
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>auto as Truck accident</u>			
20c. TIME OF INJURY Hour Month, Day, Year <u>2 a.m. 10 23 58</u>					
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nyany 10</u>	20f. CITY, TOWN, OR LOCATION <u>West of Warborne, Ray Mo.</u>		
21. I attended the deceased from <u>10-23-58</u> to <u>10-23-58</u> and last saw him alive on <u>10-23-58</u> Death occurred at <u>7:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>M. D. Richmond</u>			22b. ADDRESS <u>Richmond</u>		22c. DATE SIGNED <u>10-23-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/26/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Carroll Memory Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo.</u>
24. FUNERAL DIRECTOR <u>Standley-Gibson, Carrollton, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>10-24-1958</u>		26. REGISTRAR'S SIGNATURE <u>Malul Jackson</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 James F. Gibson, Student Embalmer No. #572 working under my personal supervision.

Student James F. Gibson
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.