

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015212

State File No.

MAY 1 1959

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No. **2 2826**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Deane Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Deane	
b. CITY OR TOWN Deane Mo		c. CITY OR TOWN Deane	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2208 Franklin		e. STREET ADDRESS (If rural, give location) 2208 Franklin	
3. NAME OF DECEASED (Type or Print) Willie		4. DATE OF DEATH (Month) (Day) (Year) 2 25 59	
5. SEX 3	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never	8. DATE OF BIRTH 7 19 19
9. AGE (In years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during part of working life, or if retired)	11. BIRTHPLACE (City and State or Foreign Country) Miss
10a. USUAL OCCUPATION (Give kind of work done during part of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Willie		13b. MOTHER'S MAIDEN NAME Willie	14. NAME OF HUSBAND OR WIFE Willie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) (If yes, give year or date of service)		16. SOCIAL SECURITY NO. Willie	
17. INFORMANT'S SIGNATURE OR NAME H. C. Key		ADDRESS 1300 Clark	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive Subdural Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Extensive Burns of Body DUE TO (c) fall back was burned II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suffered when clothing he caught	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION Ignited from fire in home 12:30 2-25-59		21a. ACCIDENT (Specify) SHOCK HOMICIDE Fire	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 214 Duval		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Deane MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 22 59 PM		21e. HOW DID INJURY OCCUR? Fire Victim 6916 96	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Regina E. Smith		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3/1/59		23d. SIGNATURE Willie	
24a. BURYAL CREMATION-REMOVAL (Specify) burial		24b. DATE 3-20-59	
24c. NAME OF CEMETERY OR CREMATORY Willie Johnson		24d. LOCATION (City, town, or county) (State) Deane Mo	
DATE REC'D BY LOCAL REG. MAR 20 '59		REGISTRAR'S SIGNATURE Coal Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Willie Johnson		ADDRESS 1300 Clark	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Remains Not Embalmed - Peoples Und. Co.
E. F. Taylor, M.D.