

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018237
STATE FILE NUMBER

FILED JUN 3 1959 Registration District No. 160 Primary Registration District No. 559v Registrar's No. 80

1. PLACE OF DEATH a. COUNTY TAKEN FROM MISSISSIPPI		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE UNKNOWN b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RIVER NEAR CRYSTAL CITY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN UNKNOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. 5-24-59 Length of stay in lb 05000		d. STREET ADDRESS (If outside, give location) UNKNOWN Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last UNIDENTIFIED FLOATER			4. DATE OF DEATH Month Day Year Found May 24 1959 UNKNOWN
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 9. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH UNKNOWN
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) UNKNOWN
12. CITIZEN OF WHAT COUNTRY? UNKNOWN		13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE UNKNOWN	
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.	17. INFORMANT 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) Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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) 9298			INTERVAL BETWEEN ONSET AND DEATH 42
20a. ACCIDENT <input 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.) CIRCUMSTANCES & CONDITIONS UNKNOWN	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. Remains Recovered From River 5/24/59 - 1:00 P.M.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 050 COUNTY STATE	
21. I attended the deceased from CORONER'S VIEW and last saw ^{her} _{him} alive on UNKNOWN m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James C. Tolson M.D. Coroner		22b. ADDRESS 3 Festus MO	22c. DATE SIGNED 5/25/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-26-59	23c. NAME OF CEMETERY OR CREMATORY ROSE MEMORIAL GARDEN	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.
24. FUNERAL DIRECTOR ADDRESS GENE R. POLITTE CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 5-25-59	26. REGISTRAR'S SIGNATURE James A. Rigdon

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

DATE RECEIVED
JUN 2 1959

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 Gentry R. Pol

Licensed Embalmer No. 2481
P. O. Address Crystal Cit

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.