

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022320

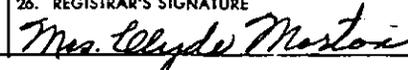
FILED JUL 6 1959 57

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Ozage		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crawford Twp		c. CITY OR TOWN St Louis		d. STREET ADDRESS (If outside, give location) 2119 Arsenal	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Jack		Middle Henry		Last Luader^s		Month July Day 3 Year 1959	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/14/51	9. AGE (last birthday) 8	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Albert H. Luader^s			13b. MOTHER'S MAIDEN NAME Dorothy Montgomery			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT Address Mrs Albert H. Luader St Louis Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH inst.
IMMEDIATE CAUSE (a) Accidental Drowning in Gasconade river							
DUE TO (b) Motor boat capsizing							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.) Motor Boat capsizing in river					
20c. TIME OF INJURY Hour _____ e.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) in Gasconade river		20f. CITY, TOWN, OR LOCATION Mt Sterling		COUNTY Ozage	STATE Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at approximately 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE  (Degree or title) Coroner				22b. ADDRESS Linn Mo			22c. DATE SIGNED 7/2/59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7/5/59	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) St Louis Mo		(State)
24. FUNERAL DIRECTOR Morton Funeral Home ADDRESS Linn Mo			25. DATE RECD. BY LOCAL REG. July 4-1959		26. REGISTRAR'S SIGNATURE 		

(Licensed Embalmers' Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 2 0 1958

JUL 2 2 1959

VS JUL 6 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon M. Monte

Licensed Embalmer No. 4125

P. O. Address Levin M

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.