

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024344

FILED VS AUG 13 1959 43

368

STATE FILE NUMBER

INDEXED

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

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R. R. # 1 Williamsville		Length of stay in 1b		c. CITY OR TOWN Williamsville, R # 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway J J			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Dale Middle Edward Last Healy				4. DATE OF DEATH Month August Day 1 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/19/1955	9. AGE (last birthday) 4	IF UNDER 1 YEAR Months 6 Days 12 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Honolulu, Hawaii		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Edgar Calvin Healy			13b. MOTHER'S MAIDEN NAME Margie May McAllister		14. NAME OF HUSBAND OR WIFE Un-married		
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. None	17. INFORMANT Edgar Healy , Williamsville, Mo.			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) Fractured Skull DUE TO (b) Multiple injuries and lacerations DUE TO (c) Hit by truck while crossing Highway. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 15 Min.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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.) While crossing Highway was hit by Truck			
20c. TIME OF INJURY Hour 9:15 a.m. 8/1/1959 Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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.) Public Highway		20f. CITY, TOWN, OR LOCATION Williamsville, R. #1. Butler, Mo.		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw ^{her} / _{him} alive on _____ Death occurred at 9:30 A. M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Shaver W Green Coroner</i>				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 8/4/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/4/59	23c. NAME OF CEMETERY OR CREMATORY Three Springs		23d. LOCATION (City, town, or county) Williamsville, Mo.		(State)	
24. FUNERAL DIRECTOR Frank-Cotrell, Poplar Bluff, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 8-8-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 25 1969

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 Charles E. Mungle

Licensed Embalmer No. 4677

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.