

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 4 1959

59-025670

Registration District No. 157 Primary Registration District No. 5588 Registrar's No. 150 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Cal</u> b. COUNTY <u>Union</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) <u>R.F.D. Saravie Mo</u>		c. CITY OR TOWN <u>Escudido</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>Highway 39 So</u>		d. STREET ADDRESS (If outside, give location#) <u>Cal - 444 Hill</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Susan Eileen Maher</u>			4. DATE OF DEATH Month Day Year <u>7-26-59</u>			
5. SEX <u>fe</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-12-49</u>	9. AGE (last birthday) <u>12</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Laguna Cal</u>		
12. CITIZEN OF WHAT COUNTRY <u>amer</u>		13a. FATHER'S NAME <u>Wm Maher</u>		13b. MOTHER'S MAIDEN NAME <u>Laura West</u>		
14. NAME OF HUSBAND OR WIFE <u>none</u>		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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Inferior Multiple fracture</u>		<u>Instantaneous</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>1. Skull fracture</u>	
	DUE TO (c) <u>2. Bilateral femur fractures</u>	
	<u>3. Fracture both bones leg femur</u>	
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.) <u>Car collision on State Highway # 39, 3 1/2 miles south of Saravie Mo. Was passing in east.</u>
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>frch of saravie mo. was passing in east.</u>	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, farm, factory, street, office bldg., etc.) <u>Mo State Highway # 39</u>
20f. CITY, TOWN, OR LOCATION <u>3 1/2 south of Saravie</u>	COUNTY <u>Jasper</u>	STATE <u>Mo.</u>

21. I attended the deceased from and not at end and last saw her alive on 9.
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Wesley Lee Hornum Jasper county Med Arts Bldg Jasper Mo</u>		22b. ADDRESS	22c. DATE SIGNED <u>7/28/59.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-1-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>San Diego, Cal</u>	23d. LOCATION (City, town, or county) (State) <u>Veterans Cemetery</u>
24. FUNERAL DIRECTOR <u>Wesley Lee Hornum Jasper City Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-28-59</u>	26. REGISTRAR'S SIGNATURE <u>WJ Clinton</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 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 _____, Student Embalmer No. _____

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

Student _____

Signature of Student Embalmer

Signed

Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett

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.