

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028851

FILED VS AUG 17 1959

Registration District No.

137

Primary Registration District No.

Registrar's No.

202

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Clair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Urich</u>		Length of stay in 1b		c. CITY OR TOWN <u>Appleton City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>3/4 mi West of City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>R-R#1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Billy Lee Dines</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>8</u> Year <u>1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>May 31 - 1939</u>	9. AGE (last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>St. Clair County, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Flavil Dines</u>		13b. MOTHER'S MAIDEN NAME <u>Daisey Perkins</u>		14. NAME OF HUSBAND OR WIFE <u>Flavil Dines, R.R.#1, Appleton City</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-42-9658</u>		17. INFORMANT <u>Flavil Dines, R.R.#1, Appleton City</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basal Skull fracture; fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>right femur -</u> DUE TO (c) <u>Automobile accident</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>Drove car into tree at high rate of</u>			
20c. TIME OF INJURY Hour <u>12:45</u> a.m. Month, Day, Year <u>8-8-59</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>1 mile west of Urich, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Urich</u> COUNTY <u>Henry</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>12:45 am</u> and last saw her alive on <u>8-8-59</u> Death occurred at <u>12:45 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. B. Bradshaw MD</u>		(Degree or title) <u>(Dermatologist)</u>		22b. ADDRESS <u>Clinton, Mo.</u>		22c. DATE SIGNED <u>8/10/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Aug. 10 - 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Harmony Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>10 mi S.E. Appleton City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Melvin L. Janssens, Appleton City</u>		ADDRESS <u>Aug 8 - 1959</u>		25. DATE RECD. BY LOCAL <u>Aug 8 - 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Biggs</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Melvin L. Janssens

Licensed Embalmer No. 4829

P. O. Address

Appleton, Wis.

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.