

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029627

FILED VS SEP 1 1959

Registration District No. 170 Primary Registration District No. 5630 Registrar's No. 124

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Unknown b. COUNTY Unknown					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon T.S.		Length of stay in 1b —		c. CITY OR TOWN Unknown		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 Miles W. 66			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Unknown		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First WILLIAM Middle AARON Last KNEWTON				4. DATE OF DEATH Month Aug. Day 19 Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH ? 1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		
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) 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-DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT August 27 - 1959 (None), Chief of Police - FLINT, MICHIGAN				
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, Crushed Chest								INTERVAL BETWEEN ONSET AND DEATH Imm.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Being run over by a trailer truck. No identification was found on the body and DUE TO (c) we have been unable to get any more information.								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) Run over by truck					
20c. TIME OF INJURY Hour 4:30 A. Month, Day, Year 8/19/59				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.) Highway 66 W.		20f. CITY, TOWN, OR LOCATION Lebanon, Laclede Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:30 A. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) J.R. Palmer, Coroner					22b. ADDRESS Lebanon, Mo.		22c. DATE SIGNED 8-19-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/20/59	23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery, Lebanon, Mo.			23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR J.R. Palmer, Lebanon, Mo.				25. DATE RECD. BY LOCAL REG. 8-24-1959		26. REGISTRAR'S SIGNATURE Hella L. May			

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.