

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029742

FILED AUG 19 1959

STATE FILE NUMBER **67-59**

Registration District No. **195** Primary Registration District No. _____ Registrar's No. _____

IDED

1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, give TOWNSHIP only) In Ambulance enroute to Hosp.		Length of stay in 1b:		c. CITY OR TOWN Anderson		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U. S. 71 Hiway				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route # 1	
3. NAME OF DECEASED (Type or print) Delsie Lee Spears				4. DATE OF DEATH Month August Day 7 Year 1959			
5. SEX Female		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 April 27 - 1951	
9. AGE (last birthday) 8		IF UNDER 1 YEAR Months 3 Days 12		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 None		11. BIRTHPLACE (City and state or country) Anderson, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME J. M. Spears			13b. MOTHER'S MAIDEN NAME Delpha Moore			14. NAME OF HUSBAND OR WIFE None	
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 J. M. Spears Anderson, Missouri			
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						INTERVAL BETWEEN ONSET AND DEATH 15 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Accident -							
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.) Falling Tree			
20c. TIME OF INJURY 1:30 Hour p.m. 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.) Family Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Anderson Rt. 1 McDonald Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 8:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. M. Spears Jr. Coroner				22b. ADDRESS Noel, Mo.		22c. DATE SIGNED 8-8-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/9/1959		23c. NAME OF CEMETERY OR CREMATORY New Bethel		23d. LOCATION (City, town, or county) (State) Anderson Rt. 1, Missouri	
24. FUNERAL DIRECTOR ADDRESS Rapp Funeral Home Anderson, Mo.				25. DATE RECD. BY LOCAL REG. August 10, 1959		26. REGISTRAR'S SIGNATURE Mary A. Bradley	

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

Ernest Fapp

Licensed Embalmer No.

3458

P. O. Address

Andover, T

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.