RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-030167
STATE FILE NUMBER

SEP 15 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 351

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre
Length of stay in Ib 24 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY St. Francois
c. CITY OR TOWN Bonne Terre
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First WILLIAM Middle RILEY Last SAFFELL
4. DATE OF DEATH Month Sept. Day 10, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-8-1894
9. AGE (last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Rt 1 Bonne Terre Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Saffell
13b. MOTHER'S MAIDEN NAME Addie Saffell
14. NAME OF HUSBAND OR WIFE Susie U. Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. *****
17. INFORMANT Wife Address Rt 1 Bonne Terre, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH 33 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Crushing Injury To Pelvis, Abdomen Chest and neck — 33 hrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Ran over by road grader
20c. TIME OF INJURY 7:30 Hour a.m. p.m. Month, Day, Year Sept 9 1959
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Road
20f. CITY, TOWN, OR LOCATION COUNTY St. Francois STATE Mo
21. I attended the deceased from 9 Sept 59, to 10 Sept 59 and last saw him alive on 10 Sept 59
Death occurred at 4:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [illegible] (Degree or title) M D.
22b. ADDRESS 301 W Liberty Farmington Mo
22c. DATE SIGNED 9-12-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-13-1959
23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cem.
23d. LOCATION (City, town, or county) Rt 1 Bonne Terre, Mo. (State)
24. FUNERAL DIRECTOR C. Z BOYER & SON INC ADDRESS Bonne Terre
25. DATE RECD. BY LOCAL REG. Sept. 12, 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1980

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 B. T. Boyer
B T Boyer

Licensed Embalmer No. 3 6 6 (

P. O. Address Desloge, Mo

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