

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031323

FILED VS AUG 31 1959

STATE FILE NUMBER

Registration District No. 371 Primary Registration District No. 6260 Registrar's No. 12

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY WEBSTER		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DIGGINS		a. STATE MO		b. COUNTY WEBSTER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		c. CITY OR TOWN SEYMOUR		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS ROUTE 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First DIANA		Middle SUE		Last WILSON		Month Day Year 8-20-59	
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 AUG-27-1950	
9. AGE (last birthday) 9		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) WEBSTER Co. Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ALBERT WILSON		13b. MOTHER'S MAIDEN NAME EURACLEE HARGUS		14. NAME OF HUSBAND OR WIFE ALBERT WILSON SEYMOUR, MO. RT 3	
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 ALBERT WILSON SEYMOUR, MO. RT 3	
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) Broken Neck + Crushed Chest							
DUE TO (b) Left Leg Broken							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)							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 checked="" type="checkbox"/> NO <input 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.) Struck By Automobile On Highway 60			
20c. TIME OF INJURY 5:50 p.m.		Month, Day, Year 8-20-59					
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.) Hy 60		20f. CITY, TOWN, OR LOCATION Diggins Webster		COUNTY STATE MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at about 5:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Opal Edward Carone				22b. ADDRESS Marshfield Mo		22c. DATE SIGNED 8/20/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-23-59		23c. NAME OF CEMETERY OR CREMATORY LUTHERAN CEMETERY		23d. LOCATION (City, town, or county) (State) WEBSTER Co. MO.	
24. FUNERAL DIRECTOR Robert Bergman Seymour, Mo.				25. DATE RECD. BY LOCAL REG. AUGUST 24, 1959		26. REGISTRAR'S SIGNATURE Opal M. Good.	

(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 Max L. Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield

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.