

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031646

FILED VS OCT 5 1959

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 5152 Registrar's No. 28

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant Township</u>		Length of stay in 1b <u>Driving on road</u>	c. CITY OR TOWN <u>Polo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 miles S.E. Polo, MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. 4 miles S.E. Polo, MO.</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Fowler</u> Middle <u>Rainwater</u> Last <u>Wollard</u>			4. DATE OF DEATH Month <u>September</u> Day <u>26</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-17-1903</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.G.</u>		13a. FATHER'S NAME <u>HENRY ALLEN WOLLARD</u>		13b. MOTHER'S MAIDEN NAME <u>Eudora Young</u>	
14. NAME OF HUSBAND OR WIFE <u>Hannah Hoover</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>489-30-0985</u>	
17. INFORMANT <u>Charles Wollard</u>		Address <u>Kingston, MO.</u>			

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 <u>Instant</u>
IMMEDIATE CAUSE (a) <u>Fractured Skull</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Crushed chest, left side</u>		
DUE TO (c) <u>Fractured left hip and left leg</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>Auto accident, two car collision, killing</u>	
20c. TIME OF INJURY <u>3</u> Hour <u>  </u> Month, Day, Year <u>9/26/1959</u>	<u>deceased instantly.</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>Rt. V, Caldwell Co., Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>2 mi. SE Polo, Caldwell, Mo.</u>	COUNTY <u>Ray</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>  </u> to <u>  </u> and last saw him <u>dead on 9/26/1959.</u> Death occurred <u>about 3 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Shneb, Michael, Coroner</u>		22b. ADDRESS <u>Braymer, Mo.</u>		22c. DATE SIGNED <u>9/26/1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-28-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	23d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>	
24. FUNERAL DIRECTOR, ADDRESS <u>Quest-Like Funeral Home, Richmond, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 1st - 59</u>	26. REGISTRAR'S SIGNATURE <u>Shady Jones</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4068

P.O. Address Richmond

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.