URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 21 1959

59-036781
STATE FILE NUMBER

AMENDED

Registration District No. 383 Primary Registration District No. 5653 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Near Hoberg
Length of stay in 1b: few Minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hy 166
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Miller
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. #1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Leland Middle: Frank Last: Carrington
4. DATE OF DEATH: Month 9 Day 20 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-18-1899
9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months 11 Days 2
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Express Messinger
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): McKinney Texas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Carrington
13b. MOTHER'S MAIDEN NAME: Mary E. Crawford
14. NAME OF ~~HUSBAND OR~~ WIFE: Maxine Carrington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 712-18-3553
17. INFORMANT: Mrs. Maxine Carrington Address: Miller Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Crushed chest & concussion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Truck & car accident
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ 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.) Killed in car - Truck accident
20c. TIME OF INJURY: Hour 12:55 a.m. ☐ Month, Day, Year 9-22-59
2½ mile West of Mt. Vernon, Lawrence Mo.
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 12 55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vernon Smith acting Coroner
22b. ADDRESS: 608 King St. Mt. Vernon, Mo
22c. DATE SIGNED: 9/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-22-1959
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Pennsboro
23d. LOCATION (City, town, or county) (State): N. of Miller Mo.

24. FUNERAL DIRECTOR: Monroe-Leimon ADDRESS: Miller Mo.
25. DATE RECD. BY LOCAL REG.: 10-6-59
26. REGISTRAR'S SIGNATURE: Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 16 1959

APR 12 1960

STATEMENT BY LICENSED EMBALMER MAR 25 1960

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 _____ Signed E. R. Leiman

Signature of Student Embalmer

Licensed Embalmer No. 3297

P. O. Address Miller Ma

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