URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 24 1959

59-040795

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4270 Registrar's No. 92

ENDED

1. PLACE OF DEATH
a. COUNTY Lafayette

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dover Township — Length of stay in 1b 15 years

c. CITY OR TOWN Hodge — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. River west of Hodge — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Donald Middle Monroe Last Delana

4. DATE OF DEATH Month Day Year November 17, 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4-6-1941

9. AGE (last birthday) 18 — 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) Student

10b. KIND OF BUSINESS OR INDUSTRY high school

11. BIRTHPLACE (City and state or country) Lafayette County, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Martin Delana

13b. MOTHER'S MAIDEN NAME Leona Hostetter

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 500-40-2822

17. INFORMANT Martin Delana Address Hodge, Mo.

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) Accidental Drowning

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Duck hunting, shot duck & it

DUE TO (c) fell on the ice / Mo River. Walked

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) out on ice & broke through & drowned

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.) Retrieving duck from ice on Mo River & broke through & drowned

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) Missouri River

20f. CITY, TOWN, OR LOCATION Hodge COUNTY Lafayette Co STATE Mo

21. I attended the deceased from After death, to (and last saw her/him alive on Never

Death occurred at 5 PM 11-17-59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W Martin MD Coroner

22b. ADDRESS Odessa Mo

22c. DATE SIGNED 11-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-20-1959

23c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery

23d. LOCATION (City, town, or county) (State) Waverly, Missouri

24. FUNERAL DIRECTOR Gibson Funeral Home ADDRESS Waverly, Mo.

25. DATE RECD. BY LOCAL REG. Nov. 19. 1959

26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, Mo.

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