

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-010105

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Filed ~~March 27~~ ⁴⁷ 1962 Primary Registration District No. 5168 Registrar's No. 80

VS 300
Rev. 4/59

10140
28150-

3
4 0
5 0
6
7 1
8 2
9 X
10
11 014
12 91-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton McCredie, Twp		Length of stay in 1b Traveling	c. CITY OR TOWN Salina
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 40		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1809 Gebhart
3. NAME OF DECEASED (Type or print) First Middle Last Richard Eugene Girard		4. DATE OF DEATH Month Day Year March 18, 1962	
5. SEX Male	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 4-4-1942
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Clerk		10b. KIND OF BUSINESS OR INDUSTRY Lee Hardware Co.,	9. AGE (last birthday) 19
11. BIRTHPLACE (City and state or country) Concordia, Kansas.		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Alpha P. Girard		13b. MOTHER'S MAIDEN NAME Kathryn Savoie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Ks. Mr. Alpha Girard, 1809 Gebhart, Salina,	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain-complete maceration DUE TO (b) Skull-comminuted fracture DUE TO (c) Injury-external cause Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH instant
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.) car-Bus collision	
20c. TIME OF INJURY Hour 1:50 a.m. 3/18/62	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.S. Highway 40		20f. CITY, TOWN, OR LOCATION MI West Kingdom City Callaway Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Daniel C. Browning, coroner		22b. ADDRESS Fulton, Mo.	
22c. DATE SIGNED 3-18-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-21-1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	
24. FUNERAL DIRECTOR Guy R. Ryan Sons Mortuary, Salina, Ks.		23d. LOCATION (City, town, or county) (State) Salina, Kansas.	
25. DATE RECD. BY LOCAL REG. March 18, 1962		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

USE BLACK INK OR TYPEWRITER RIBBON

VS APR 2 1962

STATE OF MISSOURI

DEPARTMENT OF HEALTH

STATE OF MISSOURI

STATE OF MISSOURI

STATEMENT BY LICENSED EMBALMER

STATE OF MISSOURI

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. 301-110

Student _____

Signature of Student Embalmer

Signed Thomas M. Enimous

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

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.