

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002479

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 57157 Registrar's No. 9

FILED FEB 5 1963	
1. PLACE OF DEATH	
a. COUNTY Madison	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Fredericktown, Mo.	a. STATE Mo. b. COUNTY St. Francois
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Car Accident.	c. CITY OR TOWN Leadington, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First Middle Last Ralph Leo Treaster	
4. DATE OF DEATH	
Month Day Year Jan 19, 1963.	
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 Sept 27, 1943
9. AGE (last birthday) 19	
IF UNDER 1 YEAR IF UNDER 24 HR.	
Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Laborer.
11. BIRTHPLACE (City and state or country) Flat River, Missouri U.S.A.	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Oscar Treaster.	13b. MOTHER'S MAIDEN NAME Iva Huey.
14. NAME OF HUSBAND OR WIFE None.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No.	16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Oscar Treaster, Leadington, Mo	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) INTERNAL INJURIES, BROKEN	
DUE TO (b) RIGHT LEG, BROKEN LEFT ARM	
DUE TO (c)	
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.) DRIVER OF A CAR WHICH WAS	
20c. TIME OF INJURY Hour 11:30 p.m. 1-19-63 Month, Day, Year HIT HEAD ON BY ANOTHER.	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.) Highway 67.	20f. CITY, TOWN, OR LOCATION FREDERICKTOWN MADISON MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) Ray Wilson Coroner.	22b. ADDRESS FREDERICKTOWN MO
22c. DATE SIGNED 1-31-63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-21-1963
23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial Park, Bonne Terre, Mo	
23d. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR Caldwell's Funeral Home Flat River, Mo	25. DATE RECD. BY LOCAL REG. 1-31-1963
26. REGISTRAR'S SIGNATURE Frances Nicko	

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

MISSOURI STATE BOARD OF HEALTH

FEB 6 1962

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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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.