

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-024265  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 4265 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Lafayette Co. Unknown Missouri RIVER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Unknown</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Unknown</u>		Length of stay in 1b <u>App 10 days</u>	c. CITY OR TOWN <u>Unknown</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles west Napoleon, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Unidentified White male</u>			4. DATE OF DEATH Month Day Year <u>Not known 1-1965</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>App 39</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (City and state or country) <u>Unknown</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Record No Record</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>County CORONER</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
IMMEDIATE CAUSE (a) <u>Fam floating in Missouri river</u>		
DUE TO (b) <u>about one mile west of Napoleon</u>		
DUE TO (c) <u>Presumed to have drowned. No clothing</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 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>drowning.</u>
20c. TIME OF INJURY Hour a.m. p.m. <u>?</u>	Month, Day, Year <u>Dead several days.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Missouri</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>not known</u>
21. I attended the deceased from <u>after death</u> , to <u>not known</u> and last saw <sup>her</sup> him alive on <u>never</u> . Death occurred at <u>not known</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>W Martin MD Coroner</u>	22b. ADDRESS <u>O disse no</u>	22c. DATE SIGNED <u>6/4/65</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6/4/65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wellington Missouri</u>
24. FUNERAL DIRECTOR <u>J. C. Shppard</u>		ADDRESS <u>Wellington, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-8-1965</u>
			26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1	VS 300
2	Rev. 4/59
3	0540
4	0540
5	0
6	9
7	9
8	2
9	99298
10	42
11	333
12	91-3
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>Not</sup> embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Blair Shppard

Licensed Embalmer No. 4179

P. O. Address Wellingford, 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.