

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1561

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3030		Registrar's No. 9	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY Jefferson		b. CITY (If outside corporate limits, write RURAL and give township) Festus		a. STATE Missouri		b. COUNTY Jefferson	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Festus Mo		d. STREET ADDRESS		0501	
d. FULL NAME OF HOSPITAL OR INSTITUTION				(If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Donald	b. (Middle) Joseph	c. (Last) Regan	1 -	29 -	1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept-16-1922		9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Student		11. BIRTHPLACE (State or foreign country) Victoria Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph M. Regan			13b. MOTHER'S MAIDEN NAME Myrtle Helen Stroupe		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 2 World War			16. SOCIAL SECURITY NO. 498-14-5312	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph M. Regan Festus Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING		DUPLICATE (b) (VERDICT OF JURY) ACCIDENTAL DEATH BY DROWNING				88224	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c)				32	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi way		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Silica Jefferson Mo			
21d. TIME OF INJURY JAN 29 1950 4 P. M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Automobile submerged in water 050			
22. I hereby certify that I attended the deceased from FNGuest, 19 Jan 1950, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Daniel J. Maher, M.D.				23b. ADDRESS Re. 108 Mo.		23c. DATE SIGNED 1/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 31-1950	24c. NAME OF CEMETERY OR CREMATORY Festus Catholic Cem		24d. LOCATION (City, town, or county) (State) Festus Mo.		
DATE REC'D BY LOCAL REG. 2/1/50		REGISTRAR'S SIGNATURE Cleora Belleville		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. S. Vinyard Festus Mo			

H.S. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 17 1950

DATE RECEIVED 2-4-50

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

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.

Signed _____

H. H. Ungard

Signed.....

Student Embalmer

Licensed Embalmer No. 3010

P. O. Address Jefferson 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 this body is not embalmed, fact should be so stated above.