

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26492**

BIRTH NO. _____ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4159** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Daviness 0310		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Daviness	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg, Missouri 0310	
c. LENGTH OF STAY (in this place) 2 Yrs.		d. STREET ADDRESS (If rural, give location) --	
d. FULL NAME OF HOSPITAL OR INSTITUTION --		e. FULL NAME OF HOSPITAL OR INSTITUTION --	

3. NAME OF DECEASED (Type or Print)	a. (First) FRANCIS	b. (Middle) GOODMAN	c. (Last) CONSOLVER	4. DATE OF DEATH (Month) (Day) (Year) 8/27/51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 26, 1925	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Chariton, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME A. Newton Consolver	13b. MOTHER'S MAIDEN NAME Ada Goodman	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-34-9730	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Consolver, Pattonburg, Mo	ADDRESS Pattonburg, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 0 Minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull		
	ANTECEDENT CAUSES Due to a Collison With Truck Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.. DUE TO (b) _____ DUE TO (c) While Riding A Bicycle On Highway #69 Near Pattonburg,		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Highway #69 Near Pattonburg,			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Mo	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pattonburg, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 27, 1951**, to **Aug 27, 1951**, that I last saw the deceased alive on **Aug 27, 1951**, and that death occurred at **11:55 A.**, from the causes and on the date stated above.

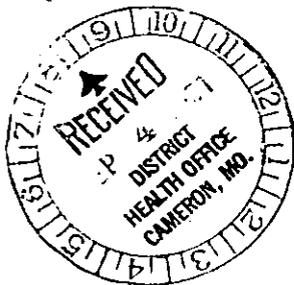
23a. SIGNATURE John Z. Stankovic M.D.	(Degree or title)	23b. ADDRESS Pattonburg, Mo	23c. DATE SIGNED Aug. 27/51
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24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/29/51	24c. NAME OF CEMETERY OR CREMATORY Rouse Cemetery	24d. LOCATION (City, town, or county) (State) Darlington, Missouri
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DATE REC'D BY LOCAL REG. 29 Aug 1951	REGISTRAR'S SIGNATURE Regina M. Enright	25. FUNERAL DIRECTOR'S SIGNATURE Louis [Signature]	ADDRESS Pattonburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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



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
Student Embalmer

Signed *Louis Quest*

Licensed Embalmer No. *4096*

P. O. Address. *Pittsburg, 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.