

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23998**

No. 300
10.48

FILED AUG 14 1952

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5305** Registrar's No. **7**

260
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Liberty Township		c. CITY (If outside corporate limits, write RURAL and give township) Rural Algoa Ref. Liberty towns	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Rural Smiles E. Algoa Prison	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Smiles E. Algoa Prison			

3. NAME OF DECEASED (Type or Print) Earl Frederick Preston	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH August 6, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 19, 1935	9. AGE (In years last birthday) 17 Months 7 Days 15 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no	10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (State or foreign country) Montgomery City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Carl Preston	13b. MOTHER'S MAIDEN NAME Kathryn Sheets	14. NAME OF HUSBAND OR WIFE no
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Carl Preston	ADDRESS Montgomery, City, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by Drowning		
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		E9297 42	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Algoa Cole Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 6 1952 about 2:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Drowning
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22. I hereby certify that I attended the deceased from **July 8, 1952** to **August 6, 1952**, that I last saw the deceased **dying** on **Aug 8, 1952**, and that death occurred at **2:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE J. Bruce Boyd	23b. ADDRESS 234 Madison Jefferson City Mo	23c. DATE SIGNED 8/9/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Montgomery City, Mem	24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.
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DATE REC'D BY LOCAL REG. Aug 9 - 1952	REGISTRAR'S SIGNATURE R. P. Darris MD - MR	25. FUNERAL DIRECTOR'S SIGNATURE Victor Kuschy Jefferson City Mo	ADDRESS
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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 ^{Not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address

Jefferson City, 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.