

STANDARD CERTIFICATE OF DEATH

State File No. **7481**

BIRTH FILED **MAR 5 1954** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **6115** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE Missouri b. COUNTY Mississippi)	
b. CITY (If outside corporate limits, write RURAL and give township) 1 1/2 Mi. N.W. Bertrand		c. CITY OR TOWN Bertrand	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Bertrand, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Accident 1 1/2 Mi. N.W. Bertrand			

3. NAME OF DECEASED (Type or Print) a. (First) Jackie b. (Middle) Dale c. (Last) Delk			4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August, 20, 1940	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months 9 Days 6670
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and State or Foreign Country) Charleston, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harold Vance Delk	13b. MOTHER'S MAIDEN NAME Mary Aline Cogdill	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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Delk, Bertrand, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 0
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brown neck. Frontal skull fracture - crushed left shoulder. Fracture left leg		
	ANTECEDENT CAUSES Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death. E866X 39			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Field - Rural	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Scott Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-21-54- 1p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Airplane accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:00P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John C. Buckthorpe, M.D. Health Officer	23b. ADDRESS Benton Mo	23c. DATE SIGNED 2-24-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/23/54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) Charleston, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Summery Funeral Chapel, Charleston, Mo.
DATE REC'D BY LOCAL REG. 2-26-54	REGISTRAR'S SIGNATURE Mrs. Clara Hunter	

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

Rec. 3-2-54
Seal Co. Health Dept.
File No. 354-50

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 Edward E. Pender

Licensed Embalmer No. 4164

P. O. Address Charleston

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.