No. 300
10-48

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11516

BIRTH NO. _____ REG. DIST. NO. 41 PRIMARY REG. DIST. NO. 3012 Registrar's No. 42

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN: Hardin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 4 miles Northwest Hardin 0890

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): B.
c. (Last): Constantz

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 2, 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 10, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Ministry
11. BIRTHPLACE (City and State or Foreign Country): Canton, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Gus Constantz
13b. MOTHER'S MAIDEN NAME: Ella Board
14. NAME OF HUSBAND OR WIFE: Nell (Johnson) Constantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.I.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nell Constantz, Hardin — ADDRESS: Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture Cervical Vertebrae 6 — INTERVAL BETWEEN ONSET AND DEATH: 48

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Partial Lacerum of Cord — Laws
DUE TO (c): Shock (Surgical)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: resulting from above

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ray County, Mo. 089
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-29-54 (60 p.m.)
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car wreck.

22. *I hereby certify that I attended the deceased from* 3/29, 1954, *to* 3/31, 1954, *that I last saw the deceased alive on* 3/31, 1954, *and that death occurred at* 9:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene B. Robinson MD
23b. ADDRESS: Excelsior Springs Mo
23c. DATE SIGNED: 3/31/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: March 31, 1954
24c. NAME OF CEMETERY OR CREMATORY: Caittenden Cemetery
24d. LOCATION (City, town, or county) (State): West Memphis Arkansas

DATE REC'D BY LOCAL REG.: 4/1/54
REGISTRAR'S SIGNATURE: Caroline Hutchings 62
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: George Shile Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1954

APR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 406.

P. O. Address Richmond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.