

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

19447

State File No.

No. 200
10-48

BIRTH NO. 184 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Valle</u>		c. CITY OR TOWN <u>Rural-Big River</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 21-Enroute to Hosp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Star Rt. DeSoto, Mo. 0500</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Esther</u> b. (Middle) <u>Jane</u> c. (Last) <u>Valle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/3/54</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>July 24, 1949</u>		9. AGE (In years last birthday) <u>4</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	

13a. FATHER'S NAME <u>Floyd Valle</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Crull</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Valle Star Rt. DeSoto, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2nd & 3rd degree lms (100%)</u>		DUPLICATE TO (b) <u>caused by being struck by light ning subsequent fire.</u>			
*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 TO (c) <u>none</u>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>none</u>					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>050</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3, 1954 6:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hauling hay & struck by lightning</u>	
22. I hereby certify that I attended the deceased from <u>July 3, 1954</u> , to <u>July 3, 1954</u> , that I last saw the deceased alive on <u>July 3, 1954</u> , and that death occurred at <u>8:00 PM</u> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>W. D. DeSoto, Mo.</u>		23b. ADDRESS <u>DeSoto, Mo.</u>		23c. DATE SIGNED <u>July 5, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/6/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
		24d. LOCATION (City, town, or county) (State) <u>DeSoto, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>7-8-54</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mothershead DeSoto, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED

JUL 1 1954

JUL 1 1954

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 *Andrew H. England*

Licensed Embalmer No. 479

P. O. Address *W. Soto*

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.