

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21786**

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley Liberty Twp. c. LENGTH OF STAY (in this place) 12 hrs.		c. CITY OR TOWN Dexter	4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route 1		e. STREET ADDRESS (If rural, give location) Route 1 1020	
3. NAME OF DECEASED (Type or Print) a. (First) M. b. (Middle) C. c. (Last) DeJournett		4. DATE OF DEATH (Month) (Day) (Year) July 4, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 20, 1932
9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Months 22	IF UNDER 1 YEAR Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Essex, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Millard DeJournett	
13b. MOTHER'S MAIDEN NAME Bertha Chandler		14. NAME OF HUSBAND OR WIFE Delois M. DeJournett	
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. XX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delois M. DeJournett Dexter, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Sudden	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		DUE TO (b) Drowning	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E850X 38	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Francis River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Liberty Township, Stoddard, Mo. (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 4, 1954 8:45 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Boat turned over	
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 8:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter W. Rainey Coroner		23b. ADDRESS Dexter, Missouri	23c. DATE SIGNED 7-6-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-7-54	24c. NAME OF CEMETERY OR CREMATORY Essex cemetery	24d. LOCATION (City, town, or county) (State) Essex, Mo.
DATE REC'D BY LOCAL REG. 7-7-54	REGISTRAR'S SIGNATURE Delois M. DeJournett	409	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0320
3

AUG 18 1955

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 *Walter Marsh Walthers*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.