

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23633

State File No.

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived? If institution: residence before admission). a. STATE AR. KANSAS b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) Pineville		c. CITY (If outside corporate limits, write RURAL and give township) ROGERS	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 8030 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Gordon b. (Middle) Harlan c. (Last) Ohson			4. DATE OF DEATH (Month) (Day) (Year) 7-11-1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED N.M.	8. DATE OF BIRTH 9-18-1937	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months 9 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Angonia, Iowa	
12. CITIZENRY OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Thmas Ohson		13b. MOTHER'S MAIDEN NAME Debra Woodberg	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Bones Funeral Home Ft. Dodge		ADDRESS 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull		INTERVAL BETWEEN ONSET AND DEATH Sudden	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Car Accident		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS 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"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) Public H-way		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Baneville McDonald Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? CAR WRECK	

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 **1:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (In gross or title) Marye Humphrey		23b. ADDRESS Corona, Noel Mo.		23c. DATE SIGNED 7-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7-13-1954		24c. NAME OF CEMETERY OR CREMATORY NORTH HAWK CEM	
24d. LOCATION (City, town, or county) (State) Fort Dodge Iowa.		25. FEDERAL DIRECTOR'S SIGNATURE B. M. Humphrey		ADDRESS Corona, Noel Mo.	
DATE REC'D BY LOCAL REG. 7-13-54		REGISTRAR'S SIGNATURE Marye Humphrey		423 -	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

H. M. Humphrey Jr.

Licensed Embalmer No. _____

4708

P. O. Address _____

Noel, 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.