

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36862

State File No.

FILED NOV 29 1954

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5295 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Rural Concord Twp</u>		c. CITY OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>R. F. D. Plattsburg, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D. Plattsburg MO</u>		e. STREET ADDRESS (If rural, give location) <u>0250</u>	
3. NAME OF DECEASED (Type or Print) <u>William Edward English</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 21 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Aug. 22 1936</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>18</u> Months <u>2</u> Days <u>29</u>
11. BIRTHPLACE (State or foreign country) <u>Clinton County Missouri U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Austin English</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Louise Rogers</u>	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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Austin English</u> ADDRESS <u>Plattsburg MO</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, intra-abdominal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sun shot wound</u>		<u>1 hour</u>
	DUE TO (c) <u>accidental</u>		<u>1 hour</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9191</u> <u>19</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (STATE) <u>Plattsburg Clinton Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 21 1954 3:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>By 16 gauge shot gun hunting accident</u>

22. I hereby certify that I attended the deceased from Oct. 1954, to Nov. 11, 1954, that I last saw the deceased alive on Nov. 21, 1954, and that death occurred at 2:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>John P. Mabrey M.D.</u> (Degree or title)	23b. ADDRESS <u>Plattsburg</u>	23c. DATE SIGNED <u>Nov. 22, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN</u>
DATE REC'D BY LOCAL REG. <u>Nov. 22-54</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Searce</u> <u>441-0</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Lyon</u> ADDRESS <u>Plattsburg, MO.</u>		

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Danell D. Ligon

Signed.....

Student Embalmer

Licensed Embalmer No. *3640*

P. O. Address *Plattsburgh, N.Y.*

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.