

No. 300
10.48

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40078**

BIRTH NO. _____ REG. DIST. NO. **87** PRIMARY REG. DIST. NO. **5005** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Butler Mo.)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Kansas City Mo. d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION dead on arrival at Hosp.		e. STREET ADDRESS (If rural, give location) 3008	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Roderick Herbert	b. (Middle) Smith	c. (Last)	Dec.	24	54
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jul 13 1917		9. AGE (In years last birthday) 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Froy from the bill sold

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH approx 30 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple fractures cervical spine		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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, office building) on highway #71	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bates Co. Missouri MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 24/54 5:30	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident
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22. I hereby certify that I attended the deceased from **dead on arrival**, 19**54**, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:30 PM** m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Doyle Hatcher, M.D.	22b. ADDRESS Butler Mo.	22c. DATE SIGNED 24 Dec 54
22d. BURIAL, CREMATION, REMOVAL (Specify) burial	22e. DATE Dec. 25 54	22f. NAME OF CEMETERY OR CREMATORY Gulfport Miss.

DATE REC'D BY LOCAL REG. Dec. 24-54	REGISTRAR'S SIGNATURE Rendall Kerry 17-0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Self Funeral Service Adrian Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12

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..... *Adrian*

Licensed Embalmer No. *3456*

P. O. Address *Adrian*

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.