

FILED MAY 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13024**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give town) BONNE TERRE	c. LENGTH OF STAY (in this place) 3 DAYS	c. CITY OR TOWN FREDERICKTOWN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		STREET ADDRESS (If rural, give location) 211 SALINE ST.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) PATEN	c. (Last) DESPAIN	4. DATE OF DEATH (Month) (Day) (Year) APRIL 20, 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH SEPT. 2, 1932
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LEATHER CUTTER	9b. KIND OF BUSINESS OR INDUSTRY SHOE CO.	9. AGE (In years last birthday) 22	10. Months 7 11. Days 18 12. IF UNDER 14 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LEATHER CUTTER	10b. KIND OF BUSINESS OR INDUSTRY SHOE CO.	11. BIRTHPLACE (City and State or Foreign Country) SACO, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE DESPAIN	13b. MOTHER'S MAIDEN NAME MAUDE BREWINGTON	14. NAME OF HUSBAND OR WIFE MARGIE DESPAIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-32-8312	17. INFORMANT'S SIGNATURE OR NAME MARGIE DESPAIN - FREDERICKTOWN	ADDRESS FREDERICKTOWN
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest and multiple injuries		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coroner Juvenal Verdier, when DUE TO (c) involved in an accident between a truck and car.		
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 E8161	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office, etc.) Public Highway No. 7	21c. (CITY, TOWN, OR TOWNSHIP) Fredericktown, Madison, Missouri (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 16, 1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Collision between truck and automobile in which deceased was riding.

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Beil J. Miller (Degree or title) Coroner	23b. ADDRESS Farmington, Mo	23c. DATE SIGNED 4/28/55
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE April 21, 1955	24c. NAME OF CEMETERY OR CREMATORY MARSH Memorial Park	24d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.
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DATE REC'D BY LOCAL REG. Apr. 28, 1955	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE H. Adamson	ADDRESS FREDERICKTOWN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

356: 72 AMM

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 *Raymond Wilson*

Licensed Embalmer No. *488*

P. O. Address *Fredonia*

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.