

FILED SEP 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32052

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. <u>62</u>			
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>					
b. CITY OR TOWN <u>Rural-Union</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Cadet mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Near Cadet</u>					
3. NAME OF DECEASED a. (First) <u>Wayne</u> b. (Middle) <u>Christopher</u> c. (Last) <u>Emily</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov. 3 1953</u>			
9. AGE (In years last birthday) <u>1</u>		if UNDER 1 YEAR Months <u>10</u> Days <u>10</u>		if UNDER 24 Hrs. Hours <u>10</u> Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Raymond Emily</u>			13b. MOTHER'S MAIDEN NAME <u>Fay Mathis</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) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Emily Cadet mo.</u> ADDRESS _____					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Poisoned by some unknown orgins</u>				DUE TO (b) _____					
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.									
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>11 D</u> (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>no physician</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:15 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. R. D. Gibson Conover</u>				23b. ADDRESS <u>Patton, Mo.</u>		23c. DATE SIGNED <u>9-20-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barlow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/20/55</u>		REGISTRAR'S SIGNATURE <u>Albert W. Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Luther Sparks Patton mo</u> ADDRESS _____					

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

RECEIVED  
1955  
DEPT  
1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Murphy L. Spink*

Licensed Embalmer No. *42*

P. O. Address *Altoona Pa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.