

FILED APR 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12715

STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 7

S. 300
- 1-56

All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>DK.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEW HAVEN</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>D.K.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>DK.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>DANIEL WILLIAM WHITE</u> First Middle Last		4. DATE OF DEATH <u>APR 14, 1957</u> Month Day Year	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DON'T KNOW</u>
9. AGE (In years last birthday) <u>DK.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DK.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DK.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DK.</u>	
11. BIRTHPLACE (City and state or country) <u>D.K.</u>		12. CITIZEN OF WHAT COUNTRY? <u>DK.</u>	
13. FATHER'S NAME <u>D.K.</u>		14. MOTHER'S MAIDEN NAME <u>DK.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK.</u>		16. SOCIAL SECURITY NO. <u>475-01-6689</u>	
17. INFORMANT <u>NONE</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple contusions, laceration and fracture including bilateral amputations of legs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>802X 35</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>around when struck by train this date</u>			INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Struck by east bound Missouri Pacific train</u>			20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.) <u>1 1/2 mi West of New Haven, Mo</u>	
20f. CITY, TOWN, OR LOCATION <u>New Haven, Mo</u>		COUNTY <u>Franklin Mo.</u> STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated,			
22a. SIGNATURE <u>L. C. Dickey</u> (Degree or title)		22b. ADDRESS <u>Union Mo</u>	
22c. DATE SIGNED <u>4/15/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>4-15-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>NORTHMAN CON</u>	
23d. LOCATION (City, town, or county) <u>NEW HAVEN MO.</u>		(State)	
24. FUNERAL DIRECTOR <u>L. C. Dickey</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4/15/1957</u>	
26. REGISTRAR'S SIGNATURE <u>Nathia Murspey</u>			

(Licensed Embalmer's Statement on Reverse Side)

501

APR 18 1957

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 me....., Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Earl C. Gutz.....

Licensed Embalmer No. 330

P. O. Address New Haven

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.