

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19796

STATE FILE NUMBER

FILED MAY 28 1957

Registration District No. 336 Primary Registration District No. 6179 Registrar's No. 416

| | | | | | | | |
|---|-------------------------------|---|---|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Shannon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> | | | |
| b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>3 Mi. East Summersville</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Flat Rock</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 106</u> | | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) <u>rural Rt. 3 Summ.</u> | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Debie</u> Middle <u>Marylin</u> Last <u>Minix</u> | | | | 4. DATE OF DEATH Month <u>May</u> Day <u>12</u> Year <u>1957</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>March 5, 1989</u> | | 9. AGE (In years last birthday) <u>68</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Kentucky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Green</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Electie</u> | | | |
| 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>498-16-4289</u> | | 17. INFORMANT <u>Virginia Marvin Minix, Robertson, Mo</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>Cervical Fracture</u> DUE TO (b) <u>Single car wreck</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input 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>Single car wreck 101</u> | | | | |
| 20c. TIME OF INJURY Hour <u>12:10</u> a. m. <u>5-12-57</u> Month <u>5</u> Day <u>12</u> Year <u>57</u> | | | Car turned over & threw him out | | | | |
| 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>3 mile E Summersville Mo</u> | | 20f. CITY, TOWN, OR LOCATION <u>106 Highway - Shannon Mo</u> | | COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____ Death occurred at <u>12:10</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>D. F. Wilson D. Shannon</u> | | | | 22b. ADDRESS <u>Esplanade Mo</u> | | 22c. DATE SIGNED <u>5-12-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>May 17, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Flat Rock Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Flat Rock, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mt View, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>May 27 1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Mabel Gall</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 Richard A. Norton....., Student Embalmer No. 54
working under my personal supervision..

Student Richard A. Norton
Signature of Student Embalmer

Signed Joe L. Linn

Licensed Embalmer No. 43

P. O. Address St. Louis

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.