

FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH157 0 2 2220
STATE FILE NUMBER 20

Registration District No. 300 Primary Registration District No. 6029 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ellington-R-Logan</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u> 2159 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Horn 3</u> Length of stay in 1b <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>4361 Potomac</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>RANDY</u>		4. DATE OF DEATH <u>July 1 1957</u>	
5. SEX <u>m</u> 6. COLOR OR RACE <u>w</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH <u>Aug. 29 1952</u>	
9. AGE (In years last birthday) <u>4</u>		10. UNDER 1 YEAR <u>0</u> IF UNDER 24 HRS. Months Days Hours Min.	
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 country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Lowell Southuff</u>		14. MOTHER'S MAIDEN NAME <u>Wilma Larkin</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Lowell Southuff</u> Address <u>St. Louis, Mo. 4361 Potomac</u>			
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>Fracture of Neck & Skull</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Explosion of Water Tank.</u> DUE TO (c) <u>9151</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>46</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>Playing on Water Tank when Explosion occurred.</u>		
20c. TIME OF INJURY <u>8 a. m.</u> Hour Month, Day, Year <u>7/1/57</u> 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>Farm</u>	20f. CITY, TOWN OR LOCATION <u>Ellington</u> COUNTY <u>Reynolds</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>8 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George M. Malachuk M.D.</u>		22b. ADDRESS <u>Ellington, Mo.</u>	22c. DATE SIGNED <u>7/2/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 5, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lawson Hill</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis mo.</u>
24. FUNERAL DIRECTOR <u>Charles S. Pewett</u> ADDRESS <u>Ellington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-9-57</u>	26. REGISTRAR'S SIGNATURE <u>Essie Evans</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Carer cannot certify to a death due to natural causes. diseases in Part I must be causally related.

Received 7-12-57

Reynolds County Health

File No. 757 - 18

RECEIVED

Co Health

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Chas S. Pruitt*.....

Licensed Embalmer No. *45*

P. O. Address *Elberta, Ga.*

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