

FILED JUL 9 1957

STANDARD CERTIFICATE OF DEATH

57023275
STATE FILE NUMBERRegistration District No. 352 Primary Registration District No. 6191 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rockaway Beach		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Parkville 0830 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rockaway Beach		Length of stay in Ib 1 day	d. STREET ADDRESS (If outside, give location) 6700N. Vallowiel Drive Reside on Farm <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RICHARD Middle DUNCAN Last EMOND			4. DATE OF DEATH June 26, 1957 Month Day Year
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 24, 1944
9. AGE (In years last birthday) 13		IF UNDER 1 YEAR Month 5 Day 2	IF UNDER 24 HRS. Hour 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) San Francisco, Calif.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Emond	
14. MOTHER'S MAIDEN NAME Janice Cowdrey		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no no none	
16. SOCIAL SECURITY NO.		17. INFORMANT John Emond Parkville, Mo 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) accidental drowning			INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9299
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 42			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) stepped in deep water	
20c. TIME OF INJURY Hour 6:30 PM Month 6-26-57 Day Year		pole	
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.) # Rockaway Beach, Mo	20f. CITY, TOWN, OR LOCATION Rockaway Beach, Mo, Taney Mo
21. I attended the deceased from 6-26-1957 to 6-26-1957 and last saw her dead 6-26-57 Death occurred at 6:30pm on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Walter S. Cobb 3	
22b. ADDRESS Taney, Mo		22c. DATE SIGNED 7-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 627-57	23c. NAME OF CEMETERY OR CREMATORY East Slope	23d. LOCATION (City, town, or county) (State) Parkville, Mo
24. FUNERAL DIRECTOR Leland H. Francis, Parkville, Mo		25. DATE RECD. BY LOCAL REG. 7/6/57	26. REGISTRAR'S SIGNATURE Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

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

300
-56

140

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 *Walter S. Bell*

Licensed Embalmer No. *47*

P. O. Address *Forrest*

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.