THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30635

STATE FILE NUMBER

FILED AUG 19 1957

Registration District No. 362 Primary Registration District No. 4533 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY Warren
b. CITY OR TOWN Wright City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Hghw,40,Wright City — Length of stay in Jb 1min

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Benton City — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) rural route#1 — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Billy; Middle Nelson; Last Fuhrer

4. DATE OF DEATH: Month August; Day 8; Year 1957

5. SEX male

6. COLOR OR RACE white

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Oct.19,1935

9. AGE (In years last birthday) 21 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (City and state or country) Mexico,Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Everett Fuhrer

13b. MOTHER'S MAIDEN NAME Ermabell Kenneth

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. 492-40-1410

17. INFORMANT Everett Fuhrer, Address Benton City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Compound fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Accidental Injury
DUE TO (c) 9121
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Thrown into hammer mill

20c. TIME OF INJURY Hour 9:30 a.m. p.m. Month, Day, Year 8-8-57

20d. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm

20f. CITY, TOWN, OR LOCATION Benton City Mo. Rt 1 COUNTY STATE

21. I attended the deceased from 10:00AM-8-8-57 to 11:30AM 8-8-57 and last saw him alive on 10:30AM-8-8-57
Death occurred at 11:30AM-8-8-57 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Van Manderen (Degree or title) M.D.

22b. ADDRESS Mexico Mo.

22c. DATE SIGNED 8-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE Aug.11,1957

23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery

23d. LOCATION (City, town, or county) (State) Mexico,Mo.

24. FUNERAL DIRECTOR Precht-Hueston, ADDRESS Mexico,Mo.

25. DATE RECD. BY LOCAL REG. Aug 15.1957

26. REGISTRAR'S SIGNATURE Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student ..... Signed Earl E. Pruitt

Signature of Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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