

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34552**

FILED SEP 17 1957

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6128** Registrar's No. **476**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Shannon	b. CITY (If outside corporate limits, write RURAL and give township) Eminence	c. LENGTH OF STAY (In this place)	a. STATE Missouri b. COUNTY Shannon
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Highway 106		c. CITY OR TOWN Summersville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		e. STREET ADDRESS 1010	

3. NAME OF DECEASED (Type or Print)	a. (First) Tommy	b. (Middle) Wayne	c. (Last) Dulworth Jr.	4. DATE OF DEATH (Month) (Day) (Year) 8/29/57
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never married	8. DATE OF BIRTH 11/5/38	9. AGE (In years last birthday) 18	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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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 Foreign Country) Salem, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Tom Dulworth	13b. MOTHER'S MAIDEN NAME Pauline Van Ness	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Tom Dulworth, Summersville, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest & skull fract		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) One car accident DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) 5 1/2 M.F. on H. 106	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Eminence Township, Shannon, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 29 5:17 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? One car accident
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8¹⁰ p.m., from the causes and on the date stated above.

23a. SIGNATURE D. J. Wilcox, Coroner	(Degree or title) 3	23b. ADDRESS Eminence Mo	23c. DATE SIGNED 9-6-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/1/57	24c. NAME OF CEMETERY OR CREMATORY Green Forest	24d. LOCATION (City, town, or county) (State) Salem, Missouri
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DATE REC'D BY LOCAL REG. 9-16-57	REGISTRAR'S SIGNATURE Walter Price	25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student.....
Signature of Student Embalmer

Signed *Richard A. Norton*.....

Licensed Embalmer No. *502*.....

P. O. Address *Mt. Vernon*.....

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.