

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022662
STATE FILE NUMBER

FILED JUN 17 1958 Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 44

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1-57
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Versailles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 M. S. Croavis		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 0710 W. Cleveland
3. NAME OF DECEASED (Type or print) First Middle Last James Henry Edgar			4. DATE OF DEATH Month Day Year June 5, 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 19, 1937
9. AGE (In years, by birth day) 21		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cuba, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ural Edgar	
13b. MOTHER'S MAIDEN NAME Lena Blond		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Ural Edgar
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation by Drowning		INTERVAL BETWEEN ONSET AND DEATH 9298 42	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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.)		20c. TIME OF INJURY Hour Month Day Year 6:30 P.M. June 5, 1958	
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.) Lake of Ozarks	
20f. CITY, TOWN, OR LOCATION Osage Township		20g. COUNTY STATE Morgan Missouri	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. J. Hull Sheriff acting coroner 3		22b. ADDRESS Versailles, Mo.	
22c. DATE SIGNED 6-10-58		23a. BURNED, CREMATION, BURIED (Specify city)	
23b. DATE 10 June 58		23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	
23d. LOCATION (City, town, or county) Versailles, Mo.		(State)	
24. FUNERAL DIRECTOR W. J. Kidwell		25. DATE RECD. BY LOCAL REG. 6-13-58	
26. REGISTRAR'S SIGNATURE J. H. Hallburn		ADDRESS Versailles, Mo.	

JUL 2 1958

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 *Raymond C. Jordan*

Licensed Embalmer No. *4626*...

P. O. Address *Versailles,*

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.