

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022935

STATE FILE NUMBER

X
FILED JUN 30 1958

Registration District No. 294 Primary Registration District No. 6010 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sugar Creek Tns</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Moberly</u>		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>U. S. 24 - West</u>			Length of stay in lb <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>530 Union Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>RICHARD</u> Middle <u>CHARLES</u> Last <u>DAVID</u>				4. DATE OF DEATH Month <u>JUNE</u> Day <u>15</u> Year <u>1958</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 25, 1928</u>		9. AGE (In years last birthday) <u>30</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Tel. Co.</u>		11. BIRTHPLACE (City and state or country) <u>Moberly, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Frank Joseph David</u>				14. MOTHER'S MAIDEN NAME <u>Loretta E. Wegs</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1951 - 1952</u>		16. SOCIAL SECURITY NO. <u>492-24-2193</u>		17. INFORMANT <u>F. J. David</u>		Address <u>Moberly, Missouri</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>Subarachnoid Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Skull fracture multiple fractures</u> DUE TO (c) <u>AND ABRASIONS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u> <u>INSTANT</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item-18.) <u>Automobile collision</u>							
20c. TIME OF INJURY Hour <u>2:24</u> a. m. <u>am</u> Month <u>6</u> Day <u>15</u> Year <u>58</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>H.W. 24 West of</u>			20f. CITY, TOWN, OR LOCATION <u>Moberly (Sugar Creek) Moberly Mo</u>			COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>7:24 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <u>Benj. S. Jolly, D.O. Coroner</u>					22b. ADDRESS <u>203 1/2 N. Clark Moberly Mo</u>			22c. DATE SIGNED <u>6-16-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 17, 1958</u>		23c. NAME OF CEMETERY <u>St. Mary's</u>			23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>			
24. FUNERAL DIRECTOR <u>Mahan Funeral Service</u> ADDRESS <u>Moberly</u>				25. DATE RECD. BY LOCAL REG. <u>6/17/58</u>		26. REGISTRAR'S SIGNATURE <u>Peablow</u>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 9 - 1958

JUL 1 - 1958

JUL 16 1958

JUL 3 1958
JUN 30 1958
JUL 21 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John A. Green*.....
Licensed Embalmer No. 381

P. O. Address *Maryland*

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