

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022942

STATE FILE NUMBER

FILED JUL 15 1958

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 342

Health, Welfare & Public Service

300 1-56 3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Michigan</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural-Salt Spring Twp.</b>		c. CITY <b>Detroit</b> OR TOWN <b>Detroit</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Strip Mine Pitts</b>		d. STREET ADDRESS <b>21220 Dexter I</b>	
3. NAME OF DECEASED (Type or print) First <b>Michael</b> Middle <b>Winn</b> Last <b>Valentine</b>		4. DATE OF DEATH Month <b>July</b> Day <b>6</b> Year <b>1958</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 21, 1948</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Boy</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>School Boy</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>United States</b>
13. FATHER'S NAME <b>Roy Winn Valentine</b>		14. MOTHER'S MAIDEN NAME <b>Anna Castagna</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. Anna Valentine: Detroit, Michigan</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowning</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>9293 42</b>
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.) <b>Fall From Boat Dock - Found under Dock 10 min. later</b>		
20c. TIME OF INJURY Hour <b>5:00</b> a. m. p. m. Month, Day, Year <b>7-6-1958</b>	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.) <b>Heart &amp; Respiration Stopped - could not be revived -</b>		
20f. CITY, TOWN, OR LOCATION <b>088</b>		COUNTY _____	STATE _____
21. I attended the deceased from <b>7/6/58</b> to <b>7/6/58</b> and last saw <b>him</b> alive on <b>never before</b> Death occurred at <b>5 p. m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>M. V. Dreyer M.D.</b> (Degree or title)		22b. ADDRESS <b>Huntsville Mo</b>	22c. DATE SIGNED <b>7/8/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>July 9, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Huntsville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Huntsville, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Tom B. Patton Huntsville</b>		25. DATE REG. BY LOCAL REG. <b>7/15/1958</b>	26. REGISTRAR'S SIGNATURE <b>Mary A. Bentley</b>

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1956

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 *Tom B. Patton*.....

Licensed Embalmer No. *39*.....

P. O. Address *Hunter*.....

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