

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-33000-9

STATE FILE NUMBER

60-3-5

Registration District No. 301 Primary Registration District No. 60-3-5 Registrar's No. 608

FILED AUG 25 1958

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shirley Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Daniphan</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CURRENT RIVER - 6 MI NORTH OF DANIPHAN, MO</u> Length of stay in 1b <u>17 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>RR # 7</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lonnie Elvin DAY</u>			4. DATE OF DEATH Month Day Year <u>8 - 13 - 58</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>1-28-41</u>
9. AGE (In years last birthday) <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>Daniphan, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Clarence DAY</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Smith</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>Clarence DAY Daniphan, Mo 9298 42</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>ACCIDENTAL DROWNING.</u> DUE TO (b) <u>WENT DOWN IN 12--15 FEET OF WATER.</u> DUE TO (c) <u>ATTEMPTING TO AID HIS FATHER IN RESCUING</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>HIS YOUNGER BROTHER, ROSCOE, WHO HAD GONE UNDER IN DEEP WATER WHILE SWIMMING IN CURRENT RIVER.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>OVERCOME IN DEEP WATER WHILE ATTEMPTING</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>6:30 p.m. AUG. 13, 1958</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>CURRENT RIVER.</u>	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>6 MI. N. OF DANIPHAN. Ripley, Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ray Means; Coroner</u>		22b. ADDRESS <u>Daniphan, Missouri</u>	22c. DATE SIGNED <u>8-16-58</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-16-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. Olive Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ripley County Mo.</u>
24. FUNERAL DIRECTOR <u>EDWARDS FUNERAL HOME</u> ADDRESS <u>DANIPHAN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>8-22-58</u>	26. REGISTRAR'S SIGNATURE <u>Ruth E. Japstun</u> Deputy

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Thomas M. Emmons Jr*

Licensed Embalmer No. *5064*.....
P. O. Address *Wilmington, Md*

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.