

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033613
STATE FILE NUMBER

SEP 22 1958 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 101

S. 300
V. 1-57

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Seneca		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hosp. 30 min.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Thomas Last Passley			4. DATE OF DEATH Sept. 4, 1958 Month Day Year		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 28, 1936		9. AGE (In years at birthday) 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student in school		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Wyandotte, Okla.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Floyd Passley		
13b. MOTHER'S MAIDEN NAME Opal Black			14. NAME OF HUSBAND OR WIFE -----		
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. 493-34-4978		17. INFORMANT Address W. Fox, Seneca, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound Comminuted Skull Fracture Left Temporal Area -					INTERVAL BETWEEN ONSET AND DEATH
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.) Hit on head by passing car, while working at side of highway			
20c. TIME OF INJURY Hour 9:00 Month, Day, Year Sept 4 1958 a.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 60 & 71A		20f. CITY, TOWN, OR LOCATION Neosho		COUNTY Newton	STATE Mo.
21. I attended the deceased from Sept 4 to Sept 4 and last saw him alive on Sept 4 Death occurred at 10:25 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Platter MD (Degree or title)			22b. ADDRESS Neosho Mo		22c. DATE SIGNED Sept 11
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/7/58	23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery		23d. LOCATION (City, town, or county) Seneca, Missouri (State)
24. FUNERAL DIRECTOR W E Biddleman		ADDRESS Seneca Mo	25. DATE RECD. BY LOCAL REG. 9-12-58		26. REGISTRAR'S SIGNATURE Melvin C. Downum, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

RECEIVED

District Health Officer To: Newton

District File Number 958-195

To be Filed SEP 19 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 W E Biddlecum

Licensed Embalmer No. 2174
P. O. Address Seneca

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.