

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035373
STATE FILE NUMBER

FILED OCT 31 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 227

300
1-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Centralia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County		Length of stay in 1b 2 hrs	d. STREET ADDRESS (If outside, give location) 601 E. Switzler
3. NAME OF DECEASED (Type or print) First Middle Last John Dewey Mize			4. DATE OF DEATH Month Day Year Oct. 21 1958
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1898
9. AGE (In years of birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker	11. BIRTHPLACE (City and state or country) Boone County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Louis Mize		13b. MOTHER'S MAIDEN NAME Anna West	14. NAME OF HUSBAND OR WIFE Bessie Bagley Mize
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-12-3945	17. INFORMANT Address Dennis Mize, Centralia, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) basilar fracture of skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) accident between train and truck. DUE TO (c) and truck.			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
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.) Train ran into truck.	
20c. TIME OF INJURY Hour Month, Day, Year 11 15 a.m. 10/21/58			
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.) street	20f. CITY, TOWN, OR LOCATION COUNTY STATE Centralia Boone Missouri
21. I attended the deceased from never to never and last saw her alive on 11 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William J. J. J. J. J.		22b. ADDRESS 112 N. Clark Street	22c. DATE SIGNED 10/22/58
23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE Oct. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY City of Centralia	23d. LOCATION (City, town, or county) (State) Centralia, Mo.
24. FUNERAL DIRECTOR ADDRESS Blanche Neely Centralia, Missouri		25. DATE RECD. BY LOCAL REG. Oct 23 - 1958	26. REGISTRAR'S SIGNATURE Blanche Neely

All diseases in Part I must be causally related. **WILLIAM H. GOLLY M.D.**
 USE ONLY BLACK INK & RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

NOV 2 1958
JAN 28 1959

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 *Bill J. Meadows*
Licensed Embalmer No. *4876*
P. O. Address *Centralia, Missouri*

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.