. Health, X
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036715

STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 467

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence, Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Indep. San. Length of stay in 1b Unknown

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Unknown
c. CITY OR TOWN Roscoe 0930 Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS Unknown (If outside, give location) Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First DONALD Middle J. Last DUMM

4. DATE OF DEATH Month Nov. Day 6, Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Sept. 9, 1940 0
9. AGE (In years last birthday) 18 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Dan's Spring Works
11. BIRTHPLACE (City and state or country) Roscoe, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John H. Dumm
13b. MOTHER'S MAIDEN NAME Marie Haller
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-44-2005
17. INFORMANT John H. Dumm, Address Roscoe, 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) Fractured Skull
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured Rt Humerous
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hiatus & Inspection

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 12

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Motorcycle Stanched Jacked Truck
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11-6-58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
20f. CITY, TOWN, OR LOCATION Jackson COUNTY STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens Coroner (Degree or title) 3
22b. ADDRESS 1034 Rialto Bldg
22c. DATE SIGNED 11-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-7-58
23c. NAME OF CEMETERY OR CREMATORY (Good UNKNOWN Neral Home)
23d. LOCATION (City, town, or county) Osceola, Missouri (State)

24. FUNERAL DIRECTOR Geo.C.Carson & Sons, ADDRESS Indep., Mo.
25. DATE RECD. BY LOCAL REG. 11-7-58
26. REGISTRAR'S SIGNATURE James S. Craig

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 C. Ray Louderback

Licensed Embalmer No. 5021

P. O. Address Independence, Mo

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.