

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038572

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 336 Primary Registration District No. 6121 Registrar's No. 373

300  
1-57  
10  
3

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Birch Tree</u>		c. CITY OR TOWN <u>1010 Eminence</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hy # 60</u>		d. STREET ADDRESS (If outside, give location) <u>Minutes</u>	

3. NAME OF DECEASED (Type or print) First Rose Middle Ann Last Deatherage

4. DATE OF DEATH Oct. 8, 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH July 22, 1943 9. AGE (In years last birthday) 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY Eminence High 11. BIRTHPLACE (City and state or country) Eminence, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lee Deatherage 13b. MOTHER'S MAIDEN NAME Elsie Breedon 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Elsie Deatherage, Eminence, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Crushing Skull injuries  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) One car accident  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH Sudden

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) One car accident, Thrown free and crushed.

20c. TIME OF INJURY 10: p.m. Hour Oct. 8, 58 Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION Between Winona and Birch Tree COUNTY US STATE 60

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 10 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE D. J. Wilson (Degree or title) 3 21b. ADDRESS Shannon Co. Coroner Eminence, Mo. 21c. DATE SIGNED 10/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 10/11/58 23c. NAME OF CEMETERY OR CREMATORY New City Cemetery 23d. LOCATION (City, town, or county) (State) Eminence, Missouri

24. FUNERAL DIRECTOR Duncan Funeral Home Mtn View, Mo. ADDRESS Nov 10 1958 25. DATE RECD. BY LOCAL REG. Nov 10 1958 26. REGISTRAR'S SIGNATURE Maude Rose

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 .....

*Richard A. Norton*

Licensed Embalmer No. *5029*

P. O. Address *Mt. View*

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.