

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009165

STATE FILE NUMBER

FILED MAR 31 1959

Registration District No.

133

Primary Registration District No.

Registrar's No.

36

1. PLACE OF DEATH a. COUNTY <b>HARRISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Colfax Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>8140 Des Moines, Iowa</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 mi. N. Eagleville, Mo</b>		Length of stay in 1b <b>0</b>	d. STREET ADDRESS (If outside, give location) <b>801 Good</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ORRIS Francis ProscOTT</b>			4. DATE OF DEATH Month Day Year <b>MARCH 22, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-3-17</b>
9. AGE (In years last birthday) <b>41</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Iron worker</b>	11. BIRTHPLACE (City and state or country) <b>Bagley, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Elmer ProscOTT</b>		13b. MOTHER'S MAIDEN NAME <b>Naillie NAME UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>JUNE ProscOTT</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 4-14-45-3-23-46</b>	16. SOCIAL SECURITY NO. <b>519-05-9046</b>	17. INFORMANT Address <b>801 Good</b> <b>Mrs June ProscOTT, Des Moines, Iowa</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Skull fracture &amp; Internal Injuries</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Impact after being hurled approximately 45 feet out of car</b> DUE TO (c) <b>One car accident - Apparently lost control of car while driving at high rate of speed</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>while driving at high rate of speed</b>			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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>341</b>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ornest L. Wood</b>		(Degree or title) <b>Coroner</b>	22b. ADDRESS <b>Bethany, Missouri</b>
			22c. DATE SIGNED <b>3-22-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	23b. DATE <b>3-26-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woodland Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Des Moines, Iowa</b>
24. FUNERAL DIRECTOR <b>Gerald W. Boggess, Eagleville, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>3-22-1959</b>	26. REGISTRAR'S SIGNATURE <b>Gella Maxey</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300  
1-57

3

no symptoms were related

3961 18 1958

8961 8 1958

MAR 9 1 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 *Israel W. Boggers*

Licensed Embalmer No. *4762*

P. O. Address *Bogleville, N.C.*

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.