

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024348
STATE FILE NUMBER

FILED VS JUL 22 1959

Registration District No. 43 Primary Registration District No. _____ Registrar's No. 320

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>RURAL</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HIGHWAY # 67</u>		Length of stay in 1b <u>MINUTES</u>	d. STREET ADDRESS (If outside, give location) <u>NEELYVILLE</u>
3. NAME OF DECEASED (Type or print) First <u>HAROLD</u> Middle <u>ELDON</u> Last <u>WARREN</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>7</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 20-1952</u>
9. AGE (In years last birthday) <u>7</u>		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) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grade school</u>	11. BIRTHPLACE (City and state or country) <u>NEELYVILLE - Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>WALLACE WARREN</u>	
13b. MOTHER'S MAIDEN NAME <u>NELLIE DEITZ</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Wallace Warren - NEELYVILLE Mo.</u>		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) <u>Multiple injuries (over)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8309</u>
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) <u>25</u>			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.) <u>Struck by moving motor vehicle</u>	
20c. TIME OF INJURY <u>3:40 p.m.</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>garage</u>	
20e. CITY, TOWN, OR LOCATION <u>Naylor</u>		20f. COUNTY <u>Replay</u>	
20g. STATE <u>Mo</u>			
21. I attended the deceased from <u>3:40 pm</u> to <u>3:40 pm</u> and last saw her alive on <u>7-10-59</u> at <u>Bladwin</u> and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Karain Oleumckson MD</u>		22b. ADDRESS <u>Poplar Bluff, Mo.</u>	
22c. DATE SIGNED <u>7-10-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7/19/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL GARDENS</u>	23d. LOCATION (City, town or county) (State) <u>POPLAR BLUFF - Mo.</u>
24. FUNERAL DIRECTOR <u>Edwards - Parrent Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>7/11/59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

0 6 01 This Child suffered multiple injuries any one
which could have caused his death;

- Namely
1. Crushed abdomen
 2. Crushed chest
 3. Cerebral concussion

RECEIVED
JUL 17 1959
BUTLER CO. HEALTH CENTER
FILE No. _____

Harold Olsonson
Ms Lec 23304

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 *Gene W. Parent*

Licensed Embalmer No. *4809*
P. O. Address *Myler, 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.