

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030167

STATE FILE NUMBER

Registration District No. 15 1959/16 Primary Registration District No. 3059 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo b. COUNTY St. Francois (Mission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 24 hrs.	c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM RILEY SAFFELL			4. DATE OF DEATH Sept. 10, 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Rt 1 Bonne Terre Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Saffell		13b. MOTHER'S MAIDEN NAME Addie Saffell		14. NAME OF HUSBAND OR WIFE Susie U. Richardson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I		16. SOCIAL SECURITY NO. *****		17. INFORMANT Wife Rt 1 Bonne Terre, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiovascular Collapse					33 hours
DUE TO (b) Crushing Injury To Pelvis, Abdomen Chest and neck					33 hrs
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.) Ran over by road grader			
20c. TIME OF INJURY Sept 9 1959					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) County Road		20f. CITY, TOWN, OR LOCATION St. Francois Mo		STATE
21. I attended the deceased from 9 Sept 59 to 10 Sept 59 and last saw him alive on 10 Sept 59 Death occurred at 4:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title)			22b. ADDRESS 301 W Liberty Farmington		22c. DATE SIGNED 9.12.59
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cem.		23d. LOCATION (City, town, or county) Rt 1 Bonne Terre, Mo. (State)	
24. FUNERAL DIRECTOR C. Z BOYER & SON INC Bonne Terre		25. DATE RECD. BY LOCAL REG. Sept. 12, 1959		26. REGISTRAR'S SIGNATURE [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 2 1960

MAY 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. T. Boyer
B T Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.