

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20088

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>96</u>		
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSISSIPPI</u> b. COUNTY <u>Lee</u> 177				
b. CITY OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>2</u>		c. CITY OR TOWN <u>Tupelo</u>		220		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frisco Crossing at Washington</u>				d. STREET ADDRESS (If rural, give location) <u>North Green St. 2</u>				
3. NAME OF DECEASED a. (First) <u>Prentiss</u>			b. (Middle) <u>Journigan</u>		c. (Last) <u>Journigan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>UNKNOWN</u>		
9. AGE (In years last birthday) <u>43</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>Steel Gang #1</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jack Journigan</u>			13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____			
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. <u>425-50-3850</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Journigan</u> ADDRESS <u>Hettleton Mrs.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull, broken neck,</u>								
ANTECEDENT CAUSES				DUE TO (b) <u>Colon bow, right &amp; left arms,</u>				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>right ankle.</u>				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Washington R.R.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon Laclede MO.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 23 1949 8:45 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Train rolling on him.</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:45</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Richard L. Palmer coroner 2</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>June 23/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 26/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tupelo City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Tupelo Miss.</u>		
DATE REC'D BY LOCAL REG. <u>June 23 1949</u>		REGISTRAR'S SIGNATURE <u>Alilla L. Hays</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Richard L. Palmer</u>		ADDRESS <u>Lebanon, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 28 1949  
Received .....  
Laclede County Health Unit  
File No. 6-89-80  
Date Filed JUN 28 1949

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 .....  
Student Embalmer

Signed *Richard L. Palmer* .....

Licensed Embalmer No. *4595* .....

P. O. Address *Subanon, 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 this body is not embalmed, fact should be so stated above.