

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020183

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 71 highway & Atlantic		Length of stay in lb 20 yrs	
d. STREET ADDRESS 108 2 ADDRESS 942 W Walnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last George A. Lafferty Jr.			4. DATE OF DEATH Month Day Year 5 19 59
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/26/39
9. AGE (In years) 19 (birthday) 20		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	11. BIRTHPLACE (City and state or country) Butler, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Geo. Lafferty Sr.	
13b. MOTHER'S MAIDEN NAME Evelyn L. Jones		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) Yes present		16. SOCIAL SECURITY NO. 492-40-1989	17. INFORMANT Geo. Lafferty Sr. Nevada, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture (Severe)			INTERVAL BETWEEN ONSET AND DEATH Instant
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)			19. WAS AUTOPSY PERFORMED? 2 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.) one car accident, Auto went out of control	
20c. TIME OF INJURY Hour Month, Day, Year 9:30 p.m. 5-19-59		at high speed landing in culbert. 108	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 71 highway	
20f. CITY, TOWN, OR LOCATION Nevada		COUNTY STATE Vernon Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Richard L. Shorten</i> (Degree or title) 3		22b. ADDRESS Nevada Vernon Co. Mo	
22c. DATE SIGNED 5/20/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-23-59	
23c. NAME OF CEMETERY OR CREMATORY Newton Cemetery		23d. LOCATION (City, town, or county) (State) Nevada, Mo.	
24. FUNERAL DIRECTOR Richard L. Shorten		ADDRESS Nevada, Mo.	
25. DATE RECD. BY LOCAL REG. 5-23-1959		26. REGISTRAR'S SIGNATURE <i>Arnold E. Gerry</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300
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

0301 8 2 NUR

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 *Lloyd C McLeod*

Licensed Embalmer No. *4853*

P. O. Address *Meriden, Me*

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.