

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024664

FILED VS AUG 5 1959 / 07

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 134

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence Township</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Kennett</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural Route 2</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Jerry</u> Middle <u>N.</u> Last <u>Harrell</u>				4. DATE OF DEATH Month <u>July</u> Day <u>29</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>3-11-1937</u>		9. AGE (last birthday) <u>22</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Humsmoke, Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>					
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Trula M. Harrell</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dist. of service) <u>yes</u>				16. SOCIAL SECURITY NO. <u>11-18-54 b 5-2158 40-0496</u>		17. INFORMANT <u>James Harrell Kennett; 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>Accidental Drowning</u>								INTERVAL BETWEEN DEATH AND DEATH <u>20 min.</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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.) <u>Dived off Lynn Bridge Ditch #19 breaking neck & then drowning.</u>									
20c. TIME OF INJURY Hour <u>4:50 P.M.</u> Month <u>July</u> Day <u>29</u> Year <u>1959</u>				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ditch # 19</u>		20f. CITY, TOWN, OR LOCATION <u>Independence Twp., Dunklin Mo.</u>		COUNTY <u>Dunklin</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Print name) <u>Quinton Tarver, Coroner</u>						22b. ADDRESS <u>Kennett, Mo.</u>			22c. DATE SIGNED <u>8-1-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-31-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memoral Gardens</u>			23d. LOCATION (City, town, or county) <u>Kennett, Missouri</u>			(State)			
24. FUNERAL DIRECTOR <u>Lentz</u>				ADDRESS <u>Kennett, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-1-1959</u>		26. REGISTRAR'S SIGNATURE <u>Earl Husband</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6301 2 908

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 James G. Osburn

Licensed Embalmer No. 418

P. O. Address Wardley

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