

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025828

FILED VS AUG 4 1959 79

Registration District No. Primary Registration District No. 5671 Registrar's No. 66

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Lincoln		b. CITY (If outside corporate limits, give TOWNSHIP only) Truxton		a. STATE Missouri		COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) Truxton		Length of stay in 1b 15 yrs		c. CITY OR TOWN Truxton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Own Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Benjamin		Middle Junier		Last		Month Day Year July 31 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 10-8-1885	9. AGE (last birthday) 74-73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY General Duties		11. BIRTHPLACE (City and state or country) St Charles Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charlie Junier			13b. MOTHER'S MAIDEN NAME Odel Ioett		14. NAME OF HUSBAND OR WIFE Matilda Junier		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-26-0971		17. INFORMANT Address Mrs. Matilda Junier Truxton 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) Myocardial Failure						3 weeks	
DUE TO (b) Congestive Heart Failure						Years	
DUE TO (c) Generalized Atherosclerosis							
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 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 4-29-59 to July 31-59 and last saw him alive on 7-25-59 Death occurred at his home 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) A. N. Macfarlane D.O.				22b. ADDRESS Waverton, Mo.		22c. DATE SIGNED 8-1-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 2 1959	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		23d. LOCATION (City, town, or county) Truxton Mo.		(State)
24. FUNERAL DIRECTOR Al and L. Jones Bellflower				25. DATE RECD. BY LOCAL REG. Aug 1, 1959		26. REGISTRAR'S SIGNATURE Charlotte Leek	

DOCUMENT

BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Dnc Roe

6961 K I 3004

MS AUG 17 1959

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 *me* _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Aland C Jones*

Licensed Embalmer No. *2278*

P. O. Address *Bellflower*

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.