

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028495

FILED VS SEP 11 1959

Registration District No. 75 Primary Registration District No. 5299 Registrar's No. 72

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lathrop, Township</u>		Length of stay in 1b		c. CITY OR TOWN <u>Kansas City.</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>Scene of Accident.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5841 Bellefontaine</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Cloyce</u> Middle <u>Dockery</u> Last				4. DATE OF DEATH <u>Aug. 29. 1959.</u> Month Day Year									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 25. 1915</u>		9. AGE (last birthday) <u>44.</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>			11. BIRTHPLACE (City and state or country) <u>Trenton, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S. A.</u>				
13a. FATHER'S NAME <u>Ora Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Luva Mumford</u>			14. NAME OF HUSBAND OR WIFE <u>Divorced</u>							
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>493.18.5789.</u>		17. INFORMANT <u>Ora Taylor. Trenton, Mo.</u>			Address					
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) <u>Shock</u>									<u>Immediate</u>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pain</u>									''				
DUE TO (c) <u>Auto Accident</u>									''				
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>Auto Accident</u>									
20c. TIME OF INJURY <u>4:00</u>		Hour <u>pm.</u>		Month, Day, Year <u>8/29/59</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>Highway 69</u>		20f. CITY, TOWN, OR LOCATION <u>10 Mi. South Cameron - Clinton - Mo.</u>		COUNTY		STATE					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>F. O. Baucmier D. Deputy Coroner</u>				22b. ADDRESS <u>Lathrop, Mo.</u>				22c. DATE SIGNED <u>Aug. 30. 1959</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 1. 59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Trenton Cemetery</u>		23d. LOCATION (City, town, or county) <u>Trenton, Mo.</u>		(State)					
24. FUNERAL DIRECTOR <u>DeMoss Crunk. Cameron, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Aug 30 - 59</u>		26. REGISTRAR'S SIGNATURE <u>Francis Crawford</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 17 1959

SEP 16 1959

OCT 6 1959

DEC 10 1959

MAY 25 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 Orvil Baberson

Licensed Embalmer No. 4232

P. O. Address Lathrop

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.