

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028814

REGISTRATION DISTRICT NO. **195933**

PRIMARY REGISTRATION DISTRICT NO. **3022**

REGISTRAR'S NO. **105**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) Bethany		Length of stay in 1b 7 days	c. CITY OR TOWN Maysville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NOLL HOSPITAL		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 type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Bert Middle Sylvester Last Searcy			4. DATE OF DEATH Month 8 Day 12 Year 59	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY General Labor	11. BIRTHPLACE (City and state or country) Maysville Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jackson Searcy	13b. MOTHER'S MAIDEN NAME Mary Colwell	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT Bert Searcy Brunswick Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Low Bowel OBSTRUCTION Possible Intestinal Neoplasm DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 8d. ?
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure; Prev. Myocard. Infarct.		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
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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.)
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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
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21. I attended the deceased from 8-5-59 to 8-12-59 and last saw ^{her} him alive on 8-11-59 Death occurred at 6:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Albert Miller M.D. (Degree or title)	22b. ADDRESS Bethany, Mo.	22c. DATE SIGNED 8-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-15-59	23c. NAME OF CEMETERY OR CREMATORY Cope-Shambaugh	23d. LOCATION (City, town, or county) (State) Weatherby Mo
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24. FUNERAL DIRECTOR [Signature] ADDRESS Maysville Mo	25. DATE RECD. BY LOCAL REG. 8-19-1959	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John Brown

Licensed Embalmer No. 3933

P. O. Address Wayville

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.