

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-030036**

FILED VS AEG 26 1959 **278**

Primary Registration District No. **5954** Registrar's No. **104**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PENDO</b>		Length of stay in 1b <b>7 YRS</b>	c. CITY OR TOWN <b>LOUISIANA.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LOUISIANA RR#2.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RR#2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>DALE FRANCIS EARLY</b>			4. DATE OF DEATH Month Day Year <b>AUG 21 1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-4-1944</b>
9. AGE (last birthday) <b>14</b>		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 when if retired) <b>STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HIGH SCHOOL</b>	11. BIRTHPLACE (City and state or country) <b>LOUISIANA MO</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>RAY CLARENCE EARLY</b>	
13b. MOTHER'S MAIDEN NAME <b>FRANCES REEDER.</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>RAY EARLY LOUISIANA MO</b> 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) <b>Gunshot Wound In Head</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <b>Hunting accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
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.) <b>22 cal Rifle was being against tree and fell discharged &amp; struck subject in head</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>11 a.m. Aug 21-59</b>	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.) <b>Home</b>	20f. CITY, TOWN OR LOCATION <b>RRD Louisiana Pike Mo</b> COUNTY STATE
21. I attended the deceased from <b>11 A</b> to <b>11 A</b> and last saw him alive on <b>Aug 21</b> Death occurred at <b>11 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. M. Mudd</b>		22b. ADDRESS <b>Bowling Green Mo.</b>	22c. DATE SIGNED <b>Aug 21-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>AUG 23-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEM.</b>	23d. LOCATION (City, town, or county) <b>PIKE Co MO</b>
24. FUNERAL DIRECTOR <b>COLLIER FUNERAL SERVICE</b> ADDRESS <b>LOUISIANA MO</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 21-1958</b>	26. REGISTRAR'S SIGNATURE <b>Bernard Collier</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 \$ 1955

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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