

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037077

FILED VS. OCT 21 1959

STATE FILE NUMBER

Registration District No. 272 Primary Registration District No. 1908 Registrar's No. 52

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Unknown</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Holland Dep. Holland</u>		c. CITY OR TOWN <u>Unknown</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile north of State line on 61 Highway</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in b. <u>Unknown</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>Norvelle</u> Last <u>Fyfe</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>27</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 type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. AGE OF BIRTH <u>1906</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and state or country) <u>Unknown</u>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>?</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>489-01-9092</u>	
17. INFORMANT		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>Fractured Skull</u>		DUE TO (b) <u>Run over by Automobile</u>	DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured legs and Internal Injuries</u>			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Accidentally run over by automobile</u>	
20c. TIME OF INJURY Hour <u>1:30 PM</u> Month, Day, Year <u>9-27-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>61 Highway</u>	
20e. CITY, TOWN, OR LOCATION <u>New State, Pemiscot, Mo.</u>		20f. COUNTY STATE	

21. I attended the deceased from <u>1:30 P.M.</u> to <u>1:30 P.M.</u> and last saw her alive on <u>10-8-59</u>		22a. SIGNATURE (Degree or title) <u>James G. Osburn, Coroner</u>		22b. ADDRESS <u>Warren, Mo.</u>		22c. DATE SIGNED <u>10-1-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-8-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>		23d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>	
24. FUNERAL DIRECTOR <u>John W. German</u>		ADDRESS <u>Hayti, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-10-59</u>		26. REGISTRAR'S SIGNATURE <u>J. G. Osburn</u>	

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 W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo

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.