

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038673

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 252 Primary Registration District No. _____ Registrar's No. 97

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>La</u> b. COUNTY <u>Madison</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hollister</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Tallulah</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 65</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1218 Miss. St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES MARION SYKES</u>				4. DATE OF DEATH Month Day Year <u>Oct. 8, 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 checked="" type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR Months Days Hours Min. <u>6 20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>trucking</u>		11. BIRTHPLACE (City and state or country) <u>La.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Melton Sykes</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Jane Cupit</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW2</u>				16. SOCIAL SECURITY NO. <u>434-24-2323</u>		17. INFORMANT Address <u>Curtis Sykes Tallulah, La</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>crushed chest & internal injuries</u>										INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>truck wreck</u>											
DUE TO (c) <u>unknown</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>Truck ran off road and ran into tree</u>							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>2:45 pm Oct 8, 1959</u>				20d. INJURY OCCURRED WHILE AT WORK? <input checked="" 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.) <u>Highway 65</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Hollister Taney Mo</u>			
21. I attended the deceased from <u>10-8-59</u> , to <u>10-8-59</u> and last saw him alive on <u>never</u> Death occurred at <u>2:45 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Walter S. Cobb Coroner</u>						22b. ADDRESS <u>Branson, Mo</u>		22c. DATE SIGNED <u>10-10-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>10-9-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Masonic cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Delhi, La</u>					
24. FUNERAL DIRECTOR ADDRESS <u>Whelchel Chapel Branson, Mo</u>					25. DATE RECD. BY LOCAL REG. <u>10-24-59</u>		26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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553 28 100 SN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Redwood,

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.