

JR. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043033

FILED VS NOV 19 1959

Registration District No. 328 Primary Registration District No. 3073 612 Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KELSO TWP.		Length of stay in 1b Auto-Accid.		c. CITY OR TOWN CHAFFEE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mi. So. CHAFFEE, MO.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) RFD # 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GEORGE Middle HERMAN Last EFTINK				4. DATE OF DEATH Month Nov. Day 6, Year 1959					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH FEB. 22 1924		9. AGE (last birthday) 35 IF UNDER 1 YEAR IF UNDER 24 HR Months 8 Day 14 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HEEL SEAT GASTER			10b. KIND OF BUSINESS OR INDUSTRY SPORTS SPECIALTY SHOES CO.		11. BIRTHPLACE (City and state or country) DRUM, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME HENRY EFTINK			13b. MOTHER'S MAIDEN NAME MARY LAURENTIUS			14. NAME OF HUSBAND OR WIFE LUCILLE AGNES EFTINK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) YES WWII + KOREAN			16. SOCIAL SECURITY NO. 493-26-6140		17. INFORMANT Address MRS. GEORGE EFTINK - Rt. 1 - CHAFFEE, MO.				
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)				Fracture of Skull at Base on left side				?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) Collision of two trucks					
DUE TO (c)									
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.) Collision of two trucks					
20c. TIME OF INJURY Hour a.m. p.m. 11-6-1959									
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.) Hogans 77		20f. CITY, TOWN, OR LOCATION Chaffee		COUNTY Scott		STATE Mo.	
21. I attended the deceased from First Call to after death and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Clay Poe				(Degree or title) Coroner		22b. ADDRESS Sikeston Mo		22c. DATE SIGNED 11/10/59	
23b. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23c. NAME OF CEMETERY OR CREMATORY Nov. 9 1959 St. Ambrose Catholic Cem.		23d. LOCATION (City, town, or county) (State) CHAFFEE, Missouri					
24. FUNERAL DIRECTOR BISPINGHOFF FUNERAL Home - CHAFFEE, MO.				25. DATE RECD. BY LOCAL REG. 11-12-1959		26. REGISTRAR'S SIGNATURE Mrs. M. Biepling			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 2 1960

NOV 25 1959

VS NOV 1 1959

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Va.

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.