

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 187

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb City</u>		Length of stay in 1b		c. CITY OR TOWN <u>Purcell</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>Jane Chinn Hospital</u>			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 checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>Estel</u> Middle <u>Scott</u> Last <u>Rooks, III</u>				4. DATE OF DEATH Month <u>December</u> Day <u>31</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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/18/1958</u>	9. AGE (last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>	IF UNDER 24 HR Hours <u>1</u> Min. <u>1</u>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Webb City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>									
13a. FATHER'S NAME <u>Estel Rooks, Jr.</u>			13b. MOTHER'S MAIDEN NAME <u>Donna Lee Randall</u>			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) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Donna Lee Rooks, Purcell, Mo</u>			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) <u>Bilateral bronchial pneumonia</u> DUE TO (b) <u>leukemia</u> DUE TO (c) <u>'Congenital' rhabdosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>3 days</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 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.)												
20c. TIME OF INJURY Hour <u>9:30 pm</u> Month, Day, Year <u>Dec 29, 58</u>		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 <u>Webb City, Mo</u>		COUNTY <u>Jasper</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>Dec 29, 58</u> to <u>12/31/59</u> and last saw him alive on <u>12-31-59</u> Death occurred at <u>9:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE <u>Shad Bunn MD</u> (Degree or title)				22b. ADDRESS <u>Webb City Mo</u>				22c. DATE SIGNED								
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/4/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>									
24. FUNERAL DIRECTOR <u>Hedge-Lewis Funeral Home, Webb City, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>1-2-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Troy Law

Licensed Embalmer No. 4405

P. O. Address Webb City

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.