

IRI DIVISION-OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002217

FILED VS JAN 28 1960 / 60

Registration District No. Primary Registration District No. 559v Registrar's No. 19

STATE FILE NUMBER # 3-2

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DOCUMENT

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOCHIM TOWNSHIP		Length of stay in 1b 9 HRS		c. CITY OR TOWN RURAL ROUTE 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON MEMORIAL			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) HILLSBORO MO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GARY Middle LEE Last EMS				4. DATE OF DEATH Month JAN. Day 21 Year 1960					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JAN 21 1960		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) FESTUS MO		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME OLIVER EMS			13b. MOTHER'S MAIDEN NAME ROSALIE BAUSCH			14. NAME OF HUSBAND OR WIFE SINGLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT OLIVER EMS HILLSBORO MO 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) Prenatality (6 mo) DUE TO (b) Prenatal separation placenta DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 9 hours		
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 _____ a.m. _____ p.m. Month, Day, Year _____		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		COUNTY STATE	
21. I attended the deceased from Jan 21, 60 to Jan 21, 60 and last saw him alive on Jan 21, 60 Death occurred at 9:00 p on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) John N. Still Deputy M.D.				22b. ADDRESS Resort, MO			22c. DATE SIGNED Jan 22, 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JAN. 22 1960		23c. NAME OF CEMETERY OR CREMATORY BURGESS CEMETERY		23d. LOCATION (City, town, or county) ANTONIA MO			
24. FUNERAL DIRECTOR HEILIGTAG FUNERAL HOME IMPERIAL MO ADDRESS				25. DATE RECD. BY LOCAL REG. 1/22/60		26. REGISTRAR'S SIGNATURE John N. Still Deputy			

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 NOT EMBALMED, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer A. Whistler

Licensed Embalmer No. 3571

P. O. Address Imperial

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