

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002698

FILED VS FEB 10 1960 270

Registration District No. 220 Primary Registration District No. 3050 Registrar's No. 1

STATE FILE NUMBER

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pemiscot		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville		a. STATE Missouri COUNTY Pemiscot		c. CITY OR TOWN Caruthersville	
Length of stay in 1b 1 Yr.		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1212 Vest Ave.		d. STREET ADDRESS (If outside, give location) 1212 Vest Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Willie Bobo				4. DATE OF DEATH Month Day Year January 23 1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/22/00	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Bobo		13b. MOTHER'S MAIDEN NAME Emma (Unknown)		14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown X		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address County Welfare-Caruthersville Delma Kerley, Case Worker			
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) Unknown, Natural- This man died without medical attention.							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
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 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 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 _____, to _____ and last saw her/him alive on _____ Death occurred at About 2 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James A. Debern Coroner				22b. ADDRESS Ardell, Mo.		22c. DATE SIGNED 1-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 28, 1960		23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cem.		23d. LOCATION (City, town, or county) Caruthersville, Mo. (State)	
24. FUNERAL DIRECTOR ADDRESS H.S. Smith Funeral Home - G'ville, Mo.				25. DATE RECD. BY LOCAL REG. 2-1-1960		26. REGISTRAR'S SIGNATURE Jack W Tipton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

KS NOV 16 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

This body was not embalmed
Signed *W. Deaver Duke*

Licensed Embalmer No. 4484
P. O. Address Carthage

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.