

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-004701

FILED VS. FEB 1 1960

324

Primary Registration District No. 6093

Registrar's No. 12

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 12 yrs.		c. CITY OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF HOSPITAL OR INSTITUTION Marshall State School and Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) X		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Ronald Middle Eugene Last Radford				4. DATE OF DEATH Month January Day 25 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 11-12-37		9. AGE (last birthday) 22			
						IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient			10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) Flat River, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Ralph Radford				13b. MOTHER'S MAIDEN NAME Anna Bailey			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) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Records Address Marshall State School, Marshall Mo						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status Epilepticus								INTERVAL BETWEEN ONSET AND DEATH 12 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Epilepsy, idiopathic						DUE TO (c)		Since birth	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Epileptic idiot--IQ 20								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 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 a.m. p.m.		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 8-9-1947 to 1-25-1960 and last saw her 1-25-1960 Death occurred at 7:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) A. B. Day, M. D.				22b. ADDRESS Marshall State School & Hospital				22c. DATE SIGNED 1-25-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-25-1960		23c. NAME OF CEMETERY OR CREMATORY X		23d. LOCATION (City, town, or county) Rolla, Missouri					
24. FUNERAL DIRECTOR NULL FUNERAL HOME ADDRESS Rolla, Mo				25. DATE RECD. BY LOCAL REG. 1-25-60		26. REGISTRAR'S SIGNATURE Carl S. Head					

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 Jack W. Reese

Licensed Embalmer No. 4643
P. O. Address marshfield

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.