

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 26 1960 339

60-004773
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 6154 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp.		Length of stay in 1b 2 weeks		c. CITY OR TOWN Essex		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Essex, Mo. R. 1			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sherry Ann Jones				4. DATE OF DEATH Month Day Year January 19, 1960			
5. SEX female	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 4-13-59	9. AGE (last birthday) Months Days Hours Min. 9	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bradenton, Fla.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James L. Jones			13b. MOTHER'S MAIDEN NAME Willie Gore		14. NAME OF HUSBAND OR WIFE child		
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.		17. INFORMANT Address James L. Jones Essex, Mo. R. 1			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia and burns of entire body						INTERVAL BETWEEN ONSET AND DEATH sadden	
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 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.) Coal stove exploded and burned house					
20c. TIME OF INJURY 1:20	Hour <input checked="" type="checkbox"/> p.m.	Month, Day, Year 1-19-60	down.				
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.) home		20f. CITY, TOWN, OR LOCATION Essex, Rfd. 1		COUNTY Stoddard Co.,	STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Marsh Watkins Coroner				22b. ADDRESS Dexter, Missouri		22c. DATE SIGNED 1-1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1-19-60	23c. NAME OF CEMETERY OR CREMATORY Taylor cemetery		23d. LOCATION (City, town, or county) (State) Columbus, Ky.			
24. FUNERAL DIRECTOR Watkins & Sons			ADDRESS Morehouse, Mo.	25. DATE RECD. BY LOCAL REG. 1-21-60	26. REGISTRAR'S SIGNATURE Mrs. George L. Baker		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER
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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Was Not Embalmed Student Embalmer No. _____
or by _____ Student Embalmer No. _____

working under my personal supervision.
working under my personal supervision.

Student _____
Student _____
Signature of Student Embalmer _____
Signature of Student Embalmer _____

Signed _____
Signed _____

Licensed Embalmer No. _____
Licensed Embalmer No. _____

P. O. Address _____
P. O. Address _____

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).
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If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
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If this body is not embalmed, fact should be so stated above.
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