

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960 / 10

3002

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-60-004999

STATE FILE NUMBER

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

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Audrain		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		a. STATE Mo.		b. COUNTY Audrain	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1109 E. Lafayette		Length of stay in 1b Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 1109 E. Lafayette		e. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1109 E. Lafayette		d. STREET ADDRESS (If outside, give location) 1109 E. Lafayette		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH			
First Junius		Middle Monroe		Last Monroe		Month March	
Type or print Junius		Type or print Monroe		Type or print Monroe		Day 8	
Year 1960		Year 1960		Year 1960		Year 1960	
5. SEX Male		6. COLOR OR RACE Colored		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 1, 1898	
9. AGE (last birthday) 62		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Fire Brick		11. BIRTHPLACE (City and state or country) Fayette, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Charles Monroe		13b. MOTHER'S MAIDEN NAME Susan Brodus		14. NAME OF HUSBAND OR WIFE Anna Monroe	
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. 491-05-6278		17. INFORMANT Mrs. Anna Monroe		Address Mexico, 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) Stab wounds of neck and chest						INTERVAL BETWEEN ONSET AND DEATH immediate	
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 checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Stabbed by Leon Kummie			
20c. TIME OF INJURY Hour 6 p.m.		Month, Day, Year 3 9 60		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 never to _____ and last saw her alive on _____ Date occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE William H. Jolly, M.D.				(Degree or title)		22b. ADDRESS 112 N. Clark, Mexico, Mo.	
22c. DATE SIGNED 3-9-60		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 11, 60		23c. NAME OF CEMETERY OR CREMATORY Elmwood	
23d. LOCATION (City, town, or county) Mexico, Mo.		24. FUNERAL DIRECTOR Precht-Hueston		ADDRESS Mexico, Mo.		25. DATE RECD. BY LOCAL REG. March 9-1960	
26. REGISTRAR'S SIGNATURE Blenche Neely							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 14 1980

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Mexico, Mo.

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.