

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006008

FILED VS. MAR 7 1960 137

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in 1b		c. CITY OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>209 W. Ohio</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>209 W. Ohio</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Daniel</u> Middle <u>Edward</u> Last <u>Dockery</u>				4. DATE OF DEATH Month <u>3</u> Day <u>4</u> Year <u>1960</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/4/58</u>		
9. AGE (last birthday) <u>1 yr.</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Warrensburg Mo.</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Edward Dockery</u>				13b. MOTHER'S MAIDEN NAME <u>Barbara Meyer</u>				
14. NAME OF HUSBAND OR WIFE <u></u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u></u>				
17. INFORMANT <u>mother 209 W. Ohio. Clinton Mo.</u>				Address <u></u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Respiratory Obstruction</u> DUE TO (b) <u>Upper Respiratory Infection</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>								
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 <u></u> a.m. <u></u> p.m. <u></u>		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 <u>D.O.A.</u> to <u></u> and last saw her alive on <u></u> Death occurred at <u>Approx. 10 AM</u> <u>3/4/60</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Richard J. King M.D. Acting Coroner</u>				22b. ADDRESS <u>106 S. 3rd Clinton Mo.</u>		22c. DATE SIGNED <u>3/4/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-7-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>WARRENSBURG MO</u>		
24. FUNERAL DIRECTOR <u>THE BRANNINGERS WARRENSBURG MO</u>				25. DATE RECD. BY LOCAL REG. <u>Mar. 4, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Richard Y. McDonald

Licensed Embalmer No. 4825

P. O. Address Wassene

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