

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007456

FILED VS MAR 2 1960 264

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Ozark		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson twp.		a. STATE Mo.		b. COUNTY Ozark	
Length of stay in 1b Life		c. CITY OR TOWN Rockbridge		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Jackson twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Ralph		Middle Charles		Last Mackey		Month Day Year 2-23-1960	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-31-1912	9. AGE (last birthday) 47	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (City and state or country) Almartha Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Arch Mackey			13b. MOTHER'S MAIDEN NAME Minnie Parker			14. NAME OF HUSBAND OR WIFE Geneva Mackey	
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. 495-40-5946		17. INFORMANT Address Mrs. Geneva Mackey Rockbridge, Mo		
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) Crushing Chest and Internal Injuries						Instant	
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.) Tree fell on him while cutting timber			
20c. TIME OF INJURY 12:15 p.m.		Month, Day, Year 2-23-60		and pinned him to the ground 077			
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.) Home		20f. CITY, TOWN, OR LOCATION Rockbridge		COUNTY STATE Ozark Mo.	
21. I attended the deceased from 12:15 p to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>John R. Gary Currier</i>				22b. ADDRESS Gainesville, Mo.		22c. DATE SIGNED 2-24-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-25-60	23c. NAME OF CEMETERY OR CREMATORY Souder		23d. LOCATION (City, Town, or county) (State) Ozark Co. Mo.		
24. FUNERAL DIRECTOR Clinkingbeard			ADDRESS Gainesville, Mo.		25. DATE RECD. BY LOCAL REG. 2-25-60		26. REGISTRAR'S SIGNATURE <i>Thane Nelson</i>

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 John R. Urey
Licensed Embalmer No. 4865
P. O. Address Gainesville

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.