

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 16 1960 57

3028

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60-011461

STATE FILE NUMBER

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

ENDED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage Mo</u>		Length of stay in 1b <u>3 wks</u>		c. CITY OR TOWN <u>Sarsapine Mo</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>701 Olive St</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>Mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Berton</u> Last <u>Southern</u>				4. DATE OF DEATH Month <u>3</u> Day <u>8</u> Year <u>1960</u>				
5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/26/89</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>71</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) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Sarsapine Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Alfred Southern</u>			13b. MOTHER'S MAIDEN NAME <u>Lucilla Whiner</u>			14. NAME OF HUSBAND OR WIFE <u>deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>			16. SOCIAL SECURITY NO. <u>491-07-8691</u>		17. INFORMANT <u>Madine Clung</u> Address <u>Carthage Mo</u>			
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) <u>Myocardial degeneration and failure</u>							<u>2 days</u>	
DUE TO (b) <u>arteriosclerosis, cerebral</u>								
DUE TO (c) <u>renal, vascular disease</u>							<u>(?)</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 <u></u>						
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>Aug 19, 1954</u> to <u>Mar 8, 1960</u> and last saw <sup>her</sup> / <sub>him</sub> alive on <u>Mar 8, 1960</u>								
Death occurred at <u>3:21</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>George H. Wood MD</u>				22b. ADDRESS <u>Carthage Mo</u>			22c. DATE SIGNED <u>3/9/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-10-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Sarsapine Mo</u>				
24. FUNERAL DIRECTOR <u>Jackson &amp; Sons</u>			ADDRESS <u>Sarsapine Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-9-60</u>	26. REGISTRAR'S SIGNATURE <u>Elly Clutter</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

MS MAR 18 1960

**STATEMENT BY LICENSED EMBALMER**

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 Wm. A. Jackson

Licensed Embalmer No. 3954

P. O. Address Shreveport

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.