

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 18 1960

60-012087

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 41

ENDED

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>PIKE</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA</b>	Length of stay in 1b <b>3 WEEKS</b>	c. CITY OR TOWN <b>CLARKSVILLE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE CO. HOSP</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LEE</b> Middle <b>ROY</b> Last <b>EMERY</b>			4. DATE OF DEATH <b>MARCH 5, 1960</b> Month Day Year				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-15-95</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FISHERMAN-COMMERCIAL FISHERMAN-CLARKSVILLE, Mo.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>CLARKSVILLE, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ISAAC EMERY</b>		13b. MOTHER'S MAIDEN NAME <b>ROSA BOUYEA</b>		14. NAME OF HUSBAND OR WIFE <b>ANNA MARY EMERY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>490-18-4641</b>	17. INFORMANT <b>MRS. ANNA MARY EMERY</b>		Address <b>CLARKSVILLE MISSOURI</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Carcinoma of Lung.**

INTERVAL BETWEEN ONSET AND DEATH **9 months**

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	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 **6-25-58** to **3-5-60** and last saw him alive on **3-5-60**  
Death occurred at **9:15 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <b>W. Joe Martin, M.D.</b>		22b. ADDRESS		22c. DATE SIGNED	
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23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <b>MARCH 7, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD CEM.</b>	23d. LOCATION (City, town, or county) <b>CLARKSVILLE, Mo.</b>	(State)	
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24. FUNERAL DIRECTOR <b>CATROLL COLLIER FUNERAL HOME-MARCH 7, 1960</b>	ADDRESS <b>CLARKSVILLE, Mo.</b>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <b>Berniece Collier</b>		
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 19 1960

MAR 22 1960

APR 10 1960

STATEMENT BY LICENSED EMBALMER

MAR 22 1960

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

*Geo M. Callahan*

Licensed Embalmer No.

*383*

P. O. Address

*Louis*

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.