

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012281

FILED VS APR 5 1960 316

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 125

ENDED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Big River Twp.		Length of stay in 1b		c. CITY OR TOWN Big River Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Blackwell, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Blackwell, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last John Elliot Missey				4. DATE OF DEATH Month Day Year Mar. 26 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/16/92	9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Hand			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Washington Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Peter Missey			13b. MOTHER'S MAIDEN NAME Mary Politte			14. NAME OF HUSBAND OR WIFE Mary Bequette Missey			
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. 498-10-3456		17. INFORMANT Address Mrs. Mary Missey Blackwell, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis 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 INTERVAL BETWEEN ONSET AND DEATH 3 hrs.									
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. 11:30	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 Dec. 15, 59 to Mar. 26, 1960 and last saw him alive on Mar. 26, 1960 Death occurred at 12:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE A. E. Pieme (Degree or title) D.O.				22b. ADDRESS 105 Easton DeSoto				22c. DATE SIGNED 3-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/29/60	23c. NAME OF CEMETERY OR CREMATORY St. Joseph		23d. LOCATION (City, town, or county) Tiff Mo.		(State)		
24. FUNERAL DIRECTOR ADDRESS J. Lee Mothershead DeSoto, Mo.				25. DATE RECD. BY LOCAL REG. Mar. 28, 1960		26. REGISTRAR'S SIGNATURE Ether Rudloff			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 6 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
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lee M. Overhead

Licensed Embalmer No.

3531

P. O. Address

Resto

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.