

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014125

FILED VS APR 18 1960 15

3004

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Barton				
b. CITY (If outside corporate limits, give TOWNSHIP only) Lamar		Length of stay in 1b OR TOWN 2 weeks		c. CITY OR TOWN Milford		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Memorial				d. STREET ADDRESS Milford Township		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First THOMAS Middle WALTER Last DOCKERY			4. DATE OF DEATH Month April Day 4 Year 1960					
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/1/1894	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Tenn		12. CITIZEN OF WHAT COUNTRY US		
13a. FATHER'S NAME Aaron Dockery			13b. MOTHER'S MAIDEN NAME Prudence Baker			14. NAME OF HUSBAND OR WIFE Maggie Jones Dockery		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Guy Dockery Milford Mo. Address _____			
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 Stomach						INTERVAL BETWEEN ONSET AND DEATH 6 mos		
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) Fractured Rt. Hip						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.) Fall - 3/16/60				
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 9/25/58 to 4/4/60 and last saw her ^{him} alive on 4/4/60 Death occurred at 9:55 AM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) A. R. Cain MD				22b. ADDRESS Lamar Mo			22c. DATE SIGNED 4/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4 7 60		23c. NAME OF CEMETERY OR CREMATORY Howell		23d. LOCATION (City, town, or county) Barton Co. Mo. (State) _____		
24. FUNERAL DIRECTOR Beeny Funeral Home Sheldon Mo. ADDRESS _____				25. DATE RECD. BY LOCAL REG. APR 12 '60		26. REGISTRAR'S SIGNATURE Marie Konantz		

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Gerald Beany

Licensed Embalmer No. 4203

P. O. Address Sheldon 126

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.