

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 10 1960

53

Registration District No. Primary Registration District No. 3010

Registrar's No. 185

60-014465
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown		Length of stay in 1b 1 hr.		c. CITY OR TOWN Fredericktown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 612 Whitworth		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Thomas Middle Dale Last King				4. DATE OF DEATH Month April Day 28 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/28/60	9. AGE (last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0 Hours 1 Min.	IF UNDER 24 HR 1 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Oscar King			13b. MOTHER'S MAIDEN NAME Rosa Long			14. NAME OF HUSBAND OR WIFE None			
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. None		17. INFORMANT Address Oscar King, Fredericktown, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ATALECTASIS DUE TO (b) PREMATURITY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: Dyspnea, apnea, etc -							INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 hr.		
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 - a.m. - p.m.	Month, Day, Year -								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 28 April 1960 to 28 APRIL 60 and last saw him alive on 28 April 1960 Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) James A. Kirby M.D.				22b. ADDRESS Cape Girardeau, Mo.			22c. DATE SIGNED 2 May 1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/29/60	23c. NAME OF CEMETERY OR CREMATORY Christian Cemetery		23d. LOCATION (City, town, or county) (State) Fredericktown, Mo.				
24. FUNERAL DIRECTOR ADDRESS Najim Funeral Home, Fredericktown, Mo.			25. DATE RECD. BY LOCAL REG. 5-2-60		26. REGISTRAR'S SIGNATURE Gene Kaster				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 16 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles McPartly

Licensed Embalmer No. 4852

P. O. Address Fredericktown

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.