

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014657

FILED VS MAY 2 1960

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Primary Registration District No. 5318

Registrar's No. 74

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Lebanon Twp</b>		Length of stay in lb <b>Life</b>	c. CITY OR TOWN <b>7 1/2 Miles S.W. Bunceton</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>7 1/2 Miles S.W. Bunceton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Bunceton R.F.D.</b>
3. NAME OF DECEASED (Type or print) First <b>Jeanetta</b> Middle <b>Ruby</b> Last <b>Troupe</b>			4. DATE OF DEATH <b>April 25th 1960</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 19, 1955</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	9. AGE (last birthday) <b>4 yrs</b>
13a. FATHER'S NAME <b>George Ernest Troupe</b>		13b. MOTHER'S MAIDEN NAME <b>Eleanor Janetta Hardy</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>George Ernest Troupe (Father) Bunceton, Mo</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) <b>Shock &amp; internal hemorrhage</b> <b>Crushed chest - fractured cervical spine</b> <b>Crushed pelvis. Fracture left femur</b> <b>Fractured 10th rib &amp; 15th vertebra</b> <b>Deafness from truck passing over body</b>			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Child fell out of moving vehicle which passed over body</b>	
20c. TIME OF INJURY <b>3:45 p.m.</b>	Month, Day, Year <b>4 25 60</b>	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.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>7 1/2 miles SW Bunceton</b>	20g. COUNTY <b>Cooper</b>
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <b>3:45 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <b>Dr. Deere</b>		21b. ADDRESS <b>Boonville Mo</b>	21c. DATE SIGNED <b>4/26/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 27, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Syracuse Cemetery</b>	23d. LOCATION (City, town, or county) <b>Syracuse, Missouri</b>
24. FUNERAL DIRECTOR <b>Jewell E. Richards-- Tipton, Missouri</b>		25. DATE REG. BY LOCAL REG. <b>4/26/1960</b>	26. REGISTRAR'S SIGNATURE <b>Dr. Hooper</b>

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

*Jessica E. Richardson*

Licensed Embalmer No. 2466

P. O. Address Tipton, Mo

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.