

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016321

FILED VS MAY 2 1960

Registration District No. 967 Primary Registration District No. 5902 Registrar's No. 69

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Back Water of Black Island		Length of stay in 1b 1Da	c. CITY OR TOWN Valley Park		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Same as Above			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 438 Marshall Ave.		
3. NAME OF DECEASED (Type or print) First Jerrie Middle Elane Last Green			4. DATE OF DEATH Month April Day 17 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-20-59	9. AGE (last birthday) IF UNDER 1 YEAR Months 4 Days 17 IF UNDER 24 HR Hours 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) Hayti, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Jerry Lynn Green		13b. MOTHER'S MAIDEN NAME Madeline Clay		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 Jerry L. Green Address Valley Park, 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) Drowning					INTERVAL BETWEEN ONSET AND DEATH	
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. <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.) Boat sank in back water			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 4-17-1960	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.) Black Island, Mo.	20f. CITY, TOWN, OR LOCATION Black Island	COUNTY Pemiscot STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Clyde Ottow, Sheriff</i> (Degree or title)			22b. ADDRESS <i>Caruthersville, Mo</i>		22c. DATE SIGNED <i>4-25-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-23-1960	23c. NAME OF CEMETERY OR CREMATORY Little Prairie	23d. LOCATION (City, town, or county) Caruthersville, Missouri		(State)	
24. FUNERAL DIRECTOR BaForge Undertkg. Co. ADDRESS Caruthersville		25. DATE RECD. BY LOCAL REG. 4-25-60	26. REGISTRAR'S SIGNATURE <i>La Honda Adams</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 9 1 1960

STATEMENT BY LICENSED EMBALMER

MAY

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Sam L. Hedgepeth Student Embalmer No. 586
working under my personal supervision.

Student Sam L. Hedgepeth
Signature of Student Embalmer

Signed Sam L. Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Mexico

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.