

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 6 1960

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-60-018638

STATE FILE NUMBER

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

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1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO. b. COUNTY ST. LOUIS COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OLD APPLETON, MO.	Length of stay in 1b	c. CITY OR TOWN ST. LOUIS, MO.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile south of OLD APPLETON	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last BILLY DEAN HARDIN			4. DATE OF DEATH Month Day Year MAY 21 1960			
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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 3-6-1939	9. AGE (last birthday) 21	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY WORK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) EAST PRAIRIE, MO. U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JESSIE LEE HARDIN	13b. MOTHER'S MAIDEN NAME ANNIE LUCIE HOWELL	14. NAME OF HUSBAND OR WIFE MRS. WANDA HARDIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. #486-40-4109	17. INFORMANT MRS. WANDA HARDIN ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Broken neck, fractured skull + an opening	DUE TO (b) at right eye from impact; all resulting from	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) Auto accident	

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
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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.) Car went off Hi Way # 61, headed S., about 2 1/2 miles S. of Old
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20c. TIME OF INJURY 10:00	Hour 5-21-1960 Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi Way # 61	20f. CITY, TOWN, OR LOCATION 2 1/2 mi. South, Old Appleton, Cape Gir., Missouri
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi Way # 61	20f. CITY, TOWN, OR LOCATION 2 1/2 mi. South, Old Appleton, Cape Gir., Missouri
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21. I attended the deceased from _____ to _____ and last saw 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 Walter J. Ford	(Degree or title) Coroner	22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 5-25-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-24-60	23c. NAME OF CEMETERY OR CREMATORY W.O.W. CEMETERY	23d. LOCATION (City, town, or county) (State) EAST PRAIRIE MO.
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24. FUNERAL DIRECTOR SHELBY FUNERAL HOME EAST PRAIRIE, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-2-60	26. REGISTRAR'S SIGNATURE Shelby Kasten
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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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Travis Shelby*

Licensed Embalmer No. 4940

P. O. Address East Pla

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.