

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUN 2 1960

=60-018778

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>	Length of stay in 1b <u>1HR-30min</u>	c. CITY OR TOWN <u>JEFFERSON CITY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEMORIAL COMMUNITY Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1002 E MILLER</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>RHONDA</u> Middle <u>ANN</u> Last <u>HEARD</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>29</u> Year <u>1960</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY-29-1960</u>	9. AGE (last birthday) <u>—</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>1</u> Min. <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>JEFFERSON CITY-MO.</u>		
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>						

13a. FATHER'S NAME <u>PRESTON HEARD</u>	13b. MOTHER'S MAIDEN NAME <u>BONNIE L. LANE</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>PRESTON HEARD</u> Address <u>1002 E. MILLER</u> <u>JEFFERSON CITY-MO</u>
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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 <u>1 hr 30 min</u>
IMMEDIATE CAUSE (a) <u>Immature infant</u>		
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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>—</u>	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 <u>5/29/60</u>	COUNTY <u>—</u>	STATE <u>—</u>
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21. I attended the deceased from <u>5:45 P.M.</u> to <u>5/29/60</u> and last saw her <u>alive</u> on <u>5/29/60</u> . Death occurred at <u>4:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>D Kanagawa MD</u> (Degree or title)	22b. ADDRESS <u>515 E High St</u>	22c. DATE SIGNED <u>5/30/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed to Burial Home</u>	23b. DATE <u>June 2, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Heard Cem - Heidelberg Miss</u>	23d. LOCATION (City, town, or county) (State) <u>Hattiesburg Mississippi</u>
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24. FUNERAL DIRECTOR <u>Duke Funeral Home</u> ADDRESS <u>Jeff City Mo</u>	25. DATE RECEIVED BY LOCAL REG. <u>30 May 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Davis, MD - Richter Dep.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

200 368

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 James E. Eynard

Licensed Embalmer No. 4978

P. O. Address Jeff City

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.