

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 1 0 1960

=60-018811

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5302 Registrar's No. 5

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Cole <i>Clark Dwyer</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller Cole | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Eugene | | c. CITY OR TOWN Eugene Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Highway 17 1 mile north of Eugene (R-BB) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) JOHN TINCKNER JUDD | | 4. DATE OF DEATH June 1 1960 | |
| 5. SEX Male | 6. COLOR OR RACE Caucasian | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-4-79 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Stationary Eng. | | 10b. KIND OF BUSINESS OR INDUSTRY — | 9. AGE (last birthday) 80 |
| 11. BIRTHPLACE (City and state or country) Shelton Ill. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Alfred Judd | | 13b. MOTHER'S MAIDEN NAME Sarah Ann McKnight | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No <input checked="" type="checkbox"/>) (If yes, give war or dates of service) | | 14. NAME OF HUSBAND OR WIFE Mary Judd | |
| 16. SOCIAL SECURITY NO. 552-09-0860 | | 17. INFORMANT Address Mrs. Theo. Yocom, Eugene, 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) Crushing Chest Injuries | | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| 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.) Head on collision on Cole County Route BB | |
| 20c. TIME OF INJURY 4:15 p.m. | Month, Day, Year 6/1/60 | near Herley, Mo. | |
| 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.) Street | 20f. CITY, TOWN, OR LOCATION R-BB Jefferson City | COUNTY STATE Cole - Mo. |
| 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 (Degree or title) Medical Expt., Coroner Cole County | | 22b. ADDRESS 1436 Green Berry Rd. | 22c. DATE SIGNED 6/3/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-4-60 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant | 23d. LOCATION (City, town, or county) (State) Eldon Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home Eldon, Mo | | 25. DATE RECD. BY LOCAL REG. 3 June 1960 | 26. REGISTRAR'S SIGNATURE RP. Norris, MD - Richter Dep |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 Dem. E. Phillips

Licensed Embalmer No. 5108

P. O. Address Elders

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.