

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-018831**

**FILED VS JUN 13 1960**

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 2309 Registrar's No. 96

ENDED

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville Twsp.</u>		Length of stay in 1b <u>30 Days</u>	c. CITY OR TOWN <u>Louisiana, Missouri</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>On State Road Work</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>????</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>Eugene</u> Last <u>Caverly</u>			4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 21, 1918</u>	9. AGE (last birthday) <u>41</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Road Building</u>	11. BIRTHPLACE (City and state or country) <u>Pike County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Jim Caverly</u>	13b. MOTHER'S MAIDEN NAME <u>Flossie Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>Alice May Caverly</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>Not known</u>	16. SOCIAL SECURITY NO. <u>490-05-3493</u>	17. INFORMANT <u>Mrs. Alice May Caverly, Louisiana</u>	Address <u>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: IMMEDIATE CAUSE (a) <u>Basal skull fracture</u> DUE TO (b) <u>Violence</u> DUE TO (c) <u>from overturned road building machine</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
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

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.) <u>Runned through &amp; struck in head by part of overturned heavy road building grade</u>
20c. TIME OF INJURY Hour <u>9:40</u> a.m. <u>2:00</u> Month, Day, Year <u>June 7-60</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.) <u>Highway - 4 miles from Boonville</u>	20f. CITY; TOWN, OR LOCATION <u>Cooper</u> COUNTY <u>Mo</u> STATE <u>Mo</u>

21: I attended the deceased from no attendance he/she was alive on \_\_\_\_\_  
Death occurred at about 9:40 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Dr. Deercraeger M.D.</u>	22b. ADDRESS <u>Carson Boonville Mo</u>	22c. DATE SIGNED <u>6/7/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 9/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Louisiana Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri.</u>

24. FUNERAL DIRECTOR <u>Goodman &amp; Boller, Boonville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6/9/60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmers Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 13 1960

0961 T 700

JUN 21 1960

**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 \_\_\_\_\_

Licensed Embalmer No. 4539

P. O. Address Boonville, Mis

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.