

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020046

FILED VS MAY 25 1960

195

Primary Registration District No. 4305

Registrar's No. 47-60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Anderson</b>	Length of stay in 1b <b>life</b>	c. CITY OR TOWN <b>Anderson</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NONE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>John DeMarcus Pihey</b>			4. DATE OF DEATH Month Day Year <b>5-10-1960</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-27-58</b>	9. AGE (last birthday) <b>1</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>8 13</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>←</b>	11. BIRTHPLACE (City and state or country) <b>Stehha Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. FATHER'S NAME <b>CARL T. Pihey</b>	13b. MOTHER'S MAIDEN NAME <b>AMO JEAN LIVINGSTON</b>	14. NAME OF HUSBAND OR WIFE <b>←</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Mrs Mibbie Livingston</b>	Address <b>GRAND MOTHER</b>

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) <b>Electrocution</b>		<b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>(Direct Contact with High Voltage Wire.)</b>	
	DUE TO (c) <b>Accidental</b>	

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"/> N <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.) <b>Direct Contact with Broken High Voltage Wire in City Alley (on Ground.)</b>
20c. TIME OF INJURY <b>8:45 p.m.</b>	Month, Day, Year <b>5-10-60</b>	
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.) <b>City Alley-way</b>	20f. CITY, TOWN, OR LOCATION <b>Anderson McDonald Mo.</b>

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at **8:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>R. M. Humphrey Jr. Coroner</b>	22b. ADDRESS <b>Naol, Mo.</b>	22c. DATE SIGNED <b>5-14-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-13-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Anderson Cem</b>
24. FUNERAL DIRECTOR <b>Humphrey &amp; J. F. Harave</b>	25. DATE RECD. BY LOCAL REG. <b>5-16-1960</b>	26. REGISTRAR'S SIGNATURE <b>Mary A. T. Brasley</b>

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 *F. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel Mo

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.