

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022757

FILED VS JUL 12 1960

109

Primary Registration District No. 5424

Registrar's No. 22

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Union Twp.		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pritchett Brake			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1416 Monroe			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CARL Middle JACKSON Last DOVER				4. DATE OF DEATH Month July Day 3 Year 1960			
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 Jan. 5, 1932	9. AGE (last birthday) 28	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Campbell, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Andrew Dover			13b. MOTHER'S MAIDEN NAME Ruby Doser			14. NAME OF HUSBAND OR WIFE Peggy Cook Dover	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Disch. Jan. 11, 1954			16. SOCIAL SECURITY NO. 488-34-5855		17. INFORMANT Andrew Dover Address 1415 Clinton St. St. Louis, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental drowning						INTERVAL BETWEEN ONSET AND DEATH 5 min.	
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 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.) Drown in St. Francis River.			
20c. TIME OF INJURY 1:55 Hour 7-3-60 Month, Day, Year	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.) Pritchett Brake St. Francis River		20f. CITY, TOWN, OR LOCATION Dunklin Co., Mo.			
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 2 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Quintor T. Davis Coroner				22b. ADDRESS Kennett, Mo.		22c. DATE SIGNED 7-5-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 5, 1960	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		23d. LOCATION (City, town, or county) (State) Campbell, Missouri		
24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo.				25. DATE RECD. BY LOCAL REG. 7-6-1960		26. REGISTRAR'S SIGNATURE Miss Beulah Campbell	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 19 1960

AUG 9 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. 60
working under my personal supervision.

Student Richard V. Beale
Signature of Student Embalmer

Signed Christine M. Land

Licensed Embalmer No. 422

P. O. Address Campbell

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.