

## FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024244

FILED VS JUN 29 1960

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 256

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Flat River</b>		Length of stay in lb		c. CITY OR TOWN <b>Flat River</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>403 Buckley St.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>403 Buckley St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HOMER</b> Middle <b>(NMI)</b> Last <b>MARION</b>				4. DATE OF DEATH <b>June 21, 1960</b> Month <b>June</b> Day <b>21</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5/11/1882</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>10</b>	IF UNDER 24 HR Hours <b>10</b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Miner</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Bluffton, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Marion</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ann Barkman</b>			14. NAME OF HUSBAND OR WIFE <b>Susie Marion</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>487-30-4176</b>		17. INFORMANT <b>Mrs. Susie Marion</b> Address <b>403 Buckley St. Flat River, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumo-pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
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) <b>Acute glomerular nephritis, bronchiectasis, atelectasis</b>					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 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.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year _____						
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		COUNTY		STATE
21. I attended the deceased from <b>June 1, 1960</b> , to <b>June 21, 1960</b> and last saw him alive on <b>June 21, 1960</b> Death occurred at <b>11:20 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>H. E. Sacke M.D.</b> (Degree or title)				22b. ADDRESS <b>Debloge, Missouri</b>			22c. DATE SIGNED <b>6/22/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/24/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>K.P. Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Flat River, Missouri</b>		
24. FUNERAL DIRECTOR <b>Murphy L. Sparks Flat River, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>June 24, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Ethel Budloff</b>		

(Licensed Embalmer's Statement on Reverse Side)

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 6 1980

**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 Murphy

Licensed Embalmer No. 4234

P. O. Address St. Paul

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.