

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS AUG 8 1960

-60-026375
 STATE FILE NUMBER

Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dunklin									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union		Length of stay in 1b		c. CITY OR TOWN Campbell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy. 62 1 3/4 miles East of Campbell, Missouri			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JUNIOR Middle MARVIN Last KEY				4. DATE OF DEATH Month July Day 29 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 Nov. 13, 1929		9. AGE (last birthday) 30		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Kennett, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Marvin Key				13b. MOTHER'S MAIDEN NAME Conda Powers				14. NAME OF HUSBAND OR WIFE Lucille Key					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 499-32-0499		17. INFORMANT Address Mrs. Lucille Key Campbell, 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) Shock due to Brain damage										INTERVAL BETWEEN ONSET AND DEATH 15 mi.			
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"/> N. <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.) Car turned over.									
20c. TIME OF INJURY Hour 11:30 ## a.m. Month, Day, Year July 29, 1960.		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.) Hy. #62		20f. CITY, TOWN, OR LOCATION Union Twp.		COUNTY Dunklin Mo.		STATE			
21. I attended the deceased from 11:45 a. to 11:45 a. and last saw her/him alive on 11:45 a. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Name or title) Quinton Tarver, Coroner					22b. ADDRESS Kennett, Mo.			22c. DATE SIGNED 8-2-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 1, 1960		23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery			23d. LOCATION (City, town, or county) Campbell Missouri		(State)				
24. FUNERAL DIRECTOR ADDRESS Zandess Funeral Home, Inc. Campbell, Mo.					25. DATE RECD. BY LOCAL REG. 8-2-1960		26. REGISTRAR'S SIGNATURE <i>Mrs. Beulah Campbell</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 12 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 Christine M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.