

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived, or institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) Piedmont (Rural) Length of stay in 1b		c. CITY OR TOWN Millspring Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (Rural) Millspring Townships (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Gloria Gean Bess		4. DATE OF DEATH July 20 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 20 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Roy Bess		13b. MOTHER'S MAIDEN NAME Dessie Mae Boatright	
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. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		17. INFORMANT Mrs. Dessie Bess Address Millspring INTERVAL BETWEEN ONSET AND DEATH instant	
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.) Gloria Gean Fell from a 1951 Chev.	
20c. TIME OF INJURY Hour 4:45 P. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Touch while riding in the bed of the truck		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Road	20f. CITY, TOWN, OR LOCATION Millspring	COUNTY Wayne	STATE Mo.
21. I attended the deceased from 4:45 P. to 4:45 P. and last saw her alive on 7-21-60 Death occurred at 4:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Maven E. Doules Coroner 22b. ADDRESS 321 N Main Piedmont Mo 22c. DATE SIGNED 7-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-22-60	23c. NAME OF CEMETERY OR CREMATORY Millspring Cem.	23d. LOCATION (City, town, or county) Millspring Mo. (State)
24. FUNERAL DIRECTOR William Godwin Piedmont	25. DATE RECD. BY LOCAL REG. 7-25-60	26. REGISTRAR'S SIGNATURE Sheila Loulace	

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 Coder Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Coder

Licensed Embalmer No.

3923

P. O. Address

Redmont,

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.