

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-031170

FILED SEP 6 1960 174

Primary Registration District No. 3035

Registrar's No. 80

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Length of stay in 1b 11 1/2 Hr.		c. CITY OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lion's Club Lake			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 2 mile west		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Franklin Last Green				4. DATE Month August Day 18 Year 1960			
5. SEX Male	6. COLOR OF 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 2 1945	9. AGE (last birthday) 15	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) High School		10b. KIND OF BUSINESS OR INDUSTRY student		11. BIRTHPLACE (City and state or country) H ayward, Calif.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lilbern F. Green			13b. MOTHER'S MAIDEN NAME Ida May Lavy		14. NAME OF HUSBAND OR WIFE NONE		
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		17. INFORMANT Lilbern F. Green Address Lexington, 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) Accidental Drowning						INTERVAL BETWEEN ONSET AND DEATH	
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.) Drowned in Lyons Club Lake					
20c. TIME OF INJURY Hour 2 <small>am.</small> 8-18-60 <small>p.m.</small>		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, factory, street, office, etc.) Lyons Club Lake		20f. CITY, TOWN, OR LOCATION COUNTY STATE Lexington Lafayette Mo	
21. I attended the deceased from after death to 2 PM and last saw him never on never . Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M Martin MD Coroner				22b. ADDRESS Odds Ma		22c. DATE SIGNED 8-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-20-60	23c. NAME OF CEMETERY OR CREMATORY Lex. Memory Garden		23d. LOCATION (City, town, or county) (State) Lexington, Missouri		
24. FUNERAL DIRECTOR Vaughn-Walker ADDRESS Lexington, Mo.			25. DATE RECD. BY LOCAL REG. 8-18-60		26. REGISTRAR'S SIGNATURE Wm. E. ...		

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

W. R. Vaughn

Licensed Embalmer No.

4023

P. O. Address

Lexington

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.