

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1960

-60-031430

STATE FILE NUMBER

Registration District No. 242 Primary Registration District No. 4363 Registrar's No. 10

ENDED

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Morehouse</u>		Length of stay in 1b		c. CITY OR TOWN <u>Catron</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dr. Sarno's Office</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 Mile West</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Ozzie</u> Middle <u>Veron</u> Last <u>Jones</u>				4. DATE OF DEATH Month <u>September</u> Day <u>6</u> Year <u>1960</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colred</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months <u>1</u> Days <u>7</u> Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lilbourn, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ozzie Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Eddie Mae Glasper</u>			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Eddie Mae Jones, Catron, Mo.</u>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Dehydration</u> DUE TO (b) <u>Tioska</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 week</u>		
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 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 <u></u> Month, Day, Year <u></u>										
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 <u>9-6-60</u> to <u>9-6-60</u> and last saw <u>her</u> alive on <u>9-6-60</u> Death occurred at <u>4 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>D. Sarno M.D.</u> (Degree or title)				22b. ADDRESS <u>Morehouse, Mo.</u>				22c. DATE SIGNED <u>9-8-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-7-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Simmons Burial Park</u>		23d. LOCATION (City, town, or county) <u>Catron, Missouri</u>		(State)		
24. FUNERAL DIRECTOR <u>Friends</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9-8-60</u>		26. REGISTRAR'S SIGNATURE <u>Kathryn M &amp; Bain</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 14 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

*Not Embalmed*  
*Howard L. Bond*

Licensed Embalmer No. *3867*

P. O. Address *Lillbourn*

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.