

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033635

ED VS

SEP 13 1960

369

Registration District No.

6257

Primary Registration District No.

3

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne			
b. CITY (If outside corporate limits, give TOWNSHIP only) Locust Township		Length of stay in 1b 1 hr.		c. CITY OR TOWN Patterson (Rural)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Roy Meador Farm		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1/2 Mi South		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jackie Middle Eloyd Last League				4. DATE OF DEATH Month Sept. Day 5 Year 1960			
5. SEX Male	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 5-6-60	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Fisher Body Co		11. BIRTHPLACE (City and state or country) Patterson Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles A. League		13b. MOTHER'S MAIDEN NAME Hattie May Creig		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-44-9454		17. INFORMANT Mr. Charley League Patterson Mo 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) Suffocation DUE TO (b) accidental drowning DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1 to 3 min	
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.) Fishing accident					
20c. TIME OF INJURY 10:00 a.m.	Hour 9-5-1960	Month, Day, Year 9-5-1960	20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) farm				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Patterson	20g. COUNTY Wayne	20h. STATE Mo				
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Maurice E. Bowles Coroner				22b. ADDRESS Waldmont, Mo		22c. DATE SIGNED 9-7-1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-8-60	23c. NAME OF CEMETERY OR CREMATORY Boonds Creek		23d. LOCATION (City, town, or county) Near Silra		23e. STATE Mo.	
24. FUNERAL DIRECTOR William Coder		ADDRESS Waldmont	25. DATE RECD. BY LOCAL REG. 9-8-60		26. REGISTRAR'S SIGNATURE Sheila Louelace		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 22 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 Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Va

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