

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

--60-034602

LED VS SEP 29 1960

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 106

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Iron</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Iron</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ironton</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>Bellevue</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's of the Ozarks</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1/4 mile North of Bellevue</b>			
3. NAME OF DECEASED (Type or print) First <b>Jerome</b> Middle <b>Cacine</b> Last <b>McColl</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>18</b> Year <b>1960</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 10, 1894</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>livestock</b>	11. BIRTHPLACE (City and state or country) <b>Bellevue, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>William McColl</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Edmonds</b>		14. NAME OF HUSBAND OR WIFE <b>Pearl Lawson McColl</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Houston McColl, Bellevue, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bilateral Bronchial pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>		
DUE TO (b) <b>acute naso-pharyngitis</b>					<b>2 weeks</b>		
DUE TO (c) <b>virus infection</b>					<b>11</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>hypertrophied prostate gland</b>					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 a.m. p.m.	Month, Day, Year						
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 <b>9-15-60</b> to <b>9-18-60</b> and last saw him alive on <b>9-18-60</b> Death occurred at <b>4:55 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>R. E. Harland, m.d.</i> (Degree or title)			22b. ADDRESS <b>Ironton, Missouri</b>		22c. DATE SIGNED <b>9-20-60</b>		
23b. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9/21/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Arcadia Valley Mem. Park</b>		23d. LOCATION (City, town, or county) (State) <b>Ironton, Mo.</b>			
24. FUNERAL DIRECTOR <b>White Funeral Home, Ironton, Mo.</b> <i>White</i>		25. DATE RECD. BY LOCAL REG. <b>9-20-60</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. Avis Jones</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 24 1961

**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 Amel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

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.