

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035524

LED VS OCT 6 1960 211 Registration District No. Primary Registration District No. 4324 Registrar's No. 34-60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia</u>		Length of stay in 1b <u>2 weeks</u>	c. CITY OR TOWN <u>E Heruille</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>Humphrys Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>William</u> Last <u>Friday, Sr.</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>30</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 17, 1882</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor - Farmer (Ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Butte, Montana</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frietag</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Friday</u>	
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.	17. INFORMANT Address <u>J. W. Friday, Jr. Portland, Oregon</u>		

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>Cardiovascular Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Major Hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Gastric Intestinal Obstruction</u>	<u>Dasy</u>
	DUE TO (c) <u>Enteritis</u>	<u>Weeks</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"/> N. <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>11:50 AM</u> a.m. p.m.	Month, Day, Year <u>9-3-60</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 <u>Eldon</u>	COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>9-3-60</u> , to <u>9-30-60</u> and last saw her/him alive on <u>9-30-60</u> Death occurred at <u>11:50 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>M. E. Humphrey D.O.</u> (Degree or title)		22b. ADDRESS <u>Tuscumbia, Mo. 10-4-60</u>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 3, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>	23d. LOCATION (City, town, or county) (State) <u>Eldon Mo.</u>
24. FUNERAL DIRECTOR <u>Phillips Funeral Home</u>	ADDRESS <u>Eldon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>October 5, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 6 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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

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.