

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035576

FILED VS **OCT 17 1960 2 39**

Registration District No. _____ Primary Registration District No. **5825** Registrar's No. **23**

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY New Madrid		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Como Township		Length of stay in 1b one week		c. CITY OR TOWN Dallas	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Como Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1527 S. Hawood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First FREDDIE MAE		Middle HARRIS		Last JACKSON		Month Sept. Day 25, Year 1960	
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/26/1930	9. AGE (last birthday) 30		IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Terrell, Texas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Freddie Harris			13b. MOTHER'S MAIDEN NAME Zeola Thomas			14. NAME OF HUSBAND OR WIFE L. C. Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Zeola Harris Address Dallas, Texas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Shot in the head							
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 checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot in head			
20c. TIME OF INJURY 7:00 a.m.		Month, Day, Year 9/25/60					
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, farm, factory, street, office bldg., etc.) Building		20f. CITY, TOWN, OR LOCATION COUNTY STATE Como Township New Madrid, Mo.			
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Dr. [Signature]</i>				22b. ADDRESS New Madrid, Mo.		22c. DATE SIGNED 9/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/29/60		23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial		23d. LOCATION (City, town, or county) (State) Dallas, Texas	
24. FUNERAL DIRECTOR BLACK & CLARK ADDRESS Dallas, Texas				25. DATE RECD. BY LOCAL REG. Oct 4, 1960		26. REGISTRAR'S SIGNATURE <i>Dr. [Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 18 1960

OCT 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Sam W. Dwyer*

Licensed Embalmer No. 5102

P. O. Address New Mad

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