

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035689

FILED VS. OCT 3 1960

274

Primary Registration District No. *3052*

Registrar's No. *335*

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b <i>2 hrs</i>	c. CITY OR TOWN Dresden Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First DANNY	Middle HARRISON	Last PATRICK	4. DATE OF DEATH	Month September	Day 29th	Year 1960
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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 2-2-18	9. AGE (last birthday) 12	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Marshall, Missouri	12. CITIZEN OF WHAT COUNTRY United States
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13a. FATHER'S NAME Burns Patrick	13b. MOTHER'S MAIDEN NAME Georgia Louise Craig	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Burns Patrick	Address Dresden, Missouri
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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) Cerebral Concussion		7:10 P.M.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Automobile accident	9:15 P.M.
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Also fractured left lower leg and scalp lacerations		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> N <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.) Struck by automobile while crossing highway
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20c. TIME OF INJURY	Hour 7:10	Month 9	Day 29	Year 1960
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.) Street	20f. CITY, TOWN, OR LOCATION Dresden	COUNTY Pettis	STATE Mo.

21. I attended the deceased from 9/29/60 to 9/29/60 and last saw her/him alive on 9/29/60	Death occurred at 9:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Karl P. Tower MD</i>	22b. ADDRESS 101 1/2 S. Ohio Sedalia, Mo.	22c. DATE SIGNED 9/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE October 2, 1960	23c. NAME OF CEMETERY OR CREMATORY Dresden Cemetery	23d. LOCATION (City, town, or county) (State) Dresden Missouri
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24. FUNERAL DIRECTOR D.W. Heckart	Address Sedalia, Missouri	25. DATE RECD. BY LOCAL REG. Oct 1 - 1960	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 2 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

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address

Sebelia, Mo

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.