

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037210

LED VS SEP 20 1960

Registration District No. 354 Primary Registration District No. 6199 Registrar's No. 66

STATE FILE NUMBER

| | | | | | | | | | |
|---|-------------------------------|---|--|--|--|--|---|---------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Texas</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton twp.</u> | | Length of stay in 1b <u>minutes</u> | | c. CITY OR TOWN <u>Cabool</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 1/2 NW Cabool</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 <u>Robert</u> Middle <u>Vernon</u> Last <u>Ford</u> | | | | 4. DATE OF DEATH <u>9-14-60</u> Month <u>9</u> Day <u>14</u> Year <u>60</u> | | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>8-10-37</u> | 9. AGE (last birthday) <u>23</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Common laborer</u> | | 11. BIRTHPLACE (City and state or country) <u>Cabool, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Robert Ford</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rose Cooper</u> | | | 14. NAME OF HUSBAND OR WIFE | | | |
| 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 <u>Robert Ford, Cabool, Mo.</u> | | | 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) <u>fractured neck + skull and</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>multiple leg + arm fractures.</u> DUE TO (b) <u>Crushed chest</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Car, truck collision</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> | | |
| 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.) <u>Car struck 2 trucks, then crashed over an</u> | | | | | |
| 20c. TIME OF INJURY Hour <u>12:15</u> e.m. <u> </u> Month, Day, Year <u>9-14-60</u> | | embankment, throughing occupant out. | | | | | | | |
| 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.) <u>Highway 60</u> | | 20f. CITY, TOWN, OR LOCATION <u>Clinton, Twp., Texas, Missouri</u> | | COUNTY STATE | | | |
| 21. I <u>VIEWED</u> <u>ON</u> <u>9-13-60</u> to <u> </u> and last saw her <u> </u> alive on <u> </u> Death occurred at <u>approx. 12:00 p</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <u>James Gentry, Coroner</u> | | | | 22b. ADDRESS <u>Cabool, Mo</u> | | | 22c. DATE SIGNED <u>9-15-60</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>9-17-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Cabool, Mo.</u> | | | (State) | |
| 24. FUNERAL DIRECTOR <u>Elliott-Gentry Funeral Home, Cabool, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>9-16-60</u> | | 26. REGISTRAR'S SIGNATURE <u>Raymond Cunningham</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 27 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

James L. Hentze

Licensed Embalmer No. *47*

P. O. Address *Calooly*

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.