

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040678

FILED VS NOV 14 1960

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 47 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>STE. GENEVIEVE</u>	a. STATE <u>MO</u>		b. COUNTY <u>FRANKLIN</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON T.S.</u>	Length of stay in 1b <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>PACIFIC</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>HIGHWAY # 61 MO.</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 First BARBARA Middle SUE Last CALVIN 4. DATE OF DEATH Month OCT Day 30 Year 1960

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11 / 34 9. AGE (last birthday) 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) KIRKWOOD MO 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME GEORGE VAN SICKLE 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE GLEN CALVIN

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 Address Glady's Calvin Pacific Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) FRACTURED SKULL INTERVAL BETWEEN ONSET AND DEATH SUDDEN

DOE TO (b) AUTOMOBILE ACCIDENT HIGHWAY #61 MO.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DOE 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) AUTOMOBILE COLLISION

20c. TIME OF INJURY Hour 1:45 a.m. PM Month, Day, Year 10/30/60

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MO. HIGHWAY # 61 20f. CITY, TOWN, OR LOCATION COUNTY STATE STE. GENEVIEVE CO. MO

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo C. Bach 22b. ADDRESS Ste. Genevieve Mo 22c. DATE SIGNED 11/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11/3/60 23c. NAME OF CEMETERY OR CREMATORY PACIFIC 23d. LOCATION (City, town, or county) (State) PACIFIC MO

24. FUNERAL DIRECTOR ADDRESS MRS JOHN L. THRIEBS PACIFIC MO 25. DATE RECD. BY LOCAL REG. Nov. 7, 1960 26. REGISTRAR'S SIGNATURE _____

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 5 1960

MAR 23 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 Nancy E. Inouze

Licensed Embalmer No. 4495

P. O. Address St Louis 9

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.