

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 7 1960

-60-040711
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Unknown</u> b. COUNTY <u>Unknown</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>Marshall Township</u>		c. CITY OR TOWN <u>Unknown</u> <u>0970</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Marshall City Landfill</u>		d. STREET ADDRESS (If outside, give location) <u>Unknown</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>UNKNOWN</u>			4. DATE OF DEATH Month Day Year <u>Oct. 23, 1960</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Unknown</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (last birthday) <u>Unknown</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (City and state or country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY <u>Unknown</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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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) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>Dr. C.L. Lawless, Marshall, Mo.</u>
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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: IMMEDIATE CAUSE (a) <u>Burned to death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about (10/17)</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cause of fire unknown</u>	
	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 type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>Name of deceased unknown.</u>
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20c. TIME OF INJURY <u>2</u> a.m. p.m.	Month, Day, Year <u>Oct. 23-60</u>	This unknown person was burned to death in an impement shed cause of fire unknown	
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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>Marshall impement shed 1 1/2 mile north of Marshall Saline Mo</u>	20f. CITY, TOWN, OR LOCATION <u>Marshall</u>	COUNTY <u>Saline</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>Oct 23 to Oct 28</u> and last saw her alive on <u>Oct 28</u>	Death occurred at <u>about 2 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>C.L. Lawless M.D. Coroner Saline Co.</u>	(Degree or title)	22b. ADDRESS <u>Marshall Mo.</u>	22c. DATE SIGNED <u>Oct 29-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-31-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Saline County Home</u>	23d. LOCATION (City, town, or county) (State) <u>Saline County, Mo.</u>
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24. FUNERAL DIRECTOR <u>Campbell-Lewis</u>	ADDRESS <u>Marshall, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 31-60</u>	26. REGISTRAR'S SIGNATURE <u>C.L. Lawless</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. ~~This~~ body was not embalmed.

Student _____
Signature of Student Embalmer

Signed *James A. Lewis Jr.*
Licensed Embalmer No. 4709

P. O. Address Marshall

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