

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040938

FILED VS. NOV 21 1960

10

Primary Registration District No. 5036

Registrar's No. 268

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Audrain</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wilson</b>			Length of stay in 1b <b>Seconds</b>		c. CITY OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway 22 1/2 mile E.</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>432 W. Hendrix</b>	
3. NAME OF DECEASED (Type or print) First <b>Bertha</b> Middle <b>Arlene</b> Last <b>Ray</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>15</b> Year <b>1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 22, 27</b>	9. AGE (last birthday) <b>33</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone Co.</b>		11. BIRTHPLACE (City and state or country) <b>Audrain Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Curry</b>			13b. MOTHER'S MAIDEN NAME <b>Ora Mackey</b>			14. NAME OF HUSBAND OR WIFE <b>James Ray</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-30-9025</b>		17. INFORMANT <b>Mr. James Ray</b>		Address <b>Mexico, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed chest</b> DUE TO (b) <b>broken neck</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b> <b>immediate</b>
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		
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.) <b>Automobile collision</b>					
20c. TIME OF INJURY <b>6:45</b>	Hour <b>6:45</b> a.m. <b>11:15</b> p.m.	Month, Day, Year <b>11-15-60</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 22</b>		20f. CITY, TOWN, OR LOCATION <b>1 mi. East Centralia</b>		COUNTY <b>Audrain</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>Neva</b> to _____ and last saw her/him alive on _____ Death occurred at <b>6:45 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>William J. Jacquelin Corner</b>				22b. ADDRESS <b>1120 Clark Street</b>		22c. DATE SIGNED <b>11-15-60</b>	
23a. BURIAL, CREMATION, RECOVERY (Specify) <b>Burial</b>		23b. DATE <b>Nov. 17, 60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Eastlawn</b>		23d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b>	
24. FUNERAL DIRECTOR'S SIGNATURE <b>prentiss</b>				ADDRESS <b>Mexico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov 16-1960</b>	
26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 22 1960  
FEB 1 1961  
DEC 23 1960

Address

Sex

Occupation

Age

Height

Weight

Birth date

Place of birth

City

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

1916

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 Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Mexico, 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.

Mexico, Mo.