

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042827

FILED VS NOV 28 1960

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. \_\_\_\_\_ Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Adams</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fabius Township</u>		Length of stay in 1b <u>Transient</u>		c. CITY OR TOWN <u>Quincy</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>1 1/2 Mi. E. of Taylor, Mo</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>512 Hampshire St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Murl</u> Middle <u>Robert</u> Last <u>Job</u>				4. DATE OF DEATH Month <u>9</u> Day <u>21</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 type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>3-1-97</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>		11. BIRTHPLACE (City and state or country) <u>LaGrange, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Newton Job</u>			13b. MOTHER'S MAIDEN NAME <u>Blanche Downs</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. <u>367-26-2915</u>		17. INFORMANT <u>Mr Job (Brother) Quincy, Ill</u>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed chest</u>							INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Also had multiple head injuries + broken femora</u>						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.) <u>Riding in car which failed to turn at a curve</u>						
20c. TIME OF INJURY <u>3:05 p.m.</u>	Hour _____ Month _____ Day _____ Year _____ <u>9 21 60</u>								
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>1 1/2 miles east of Taylor</u>		20f. CITY, TOWN, OR LOCATION <u>1 1/2 miles east of Taylor</u>		COUNTY <u>Marion</u>		STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:05 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Henry H Sweet Jr M.D. Coroner</u>				22b. ADDRESS <u>Hannibal Mo</u>				22c. DATE SIGNED <u>10/6/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Burial</u>		23b. DATE <u>9-22-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Midway Cemetery</u>		23d. LOCATION (City, town, or county) <u>La Grange</u>		STATE <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>Duker Bros. Quincy, Ill.</u>				25. DATE RECD. BY LOCAL REG. <u>11-2-60</u>		26. REGISTRAR'S SIGNATURE <u>E. M. Luckey Deputy</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**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 J. P. Lewis

Licensed Embalmer No. 4875

P. O. Address Palmyra

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.