

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-042994**

STATE FILE NUMBER

FILED VS NOV 29 1960

Registration District No. 267 Primary Registration District No. 4396 Registrar's No. 185

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Pemiscot</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARDell</u>		a. STATE		b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First	Middle	Last	Month	Day	Year		
<u>Robert</u>	<u>Jessie</u>	<u>HARRISON</u>	<u>Nov</u>	<u>5</u>	<u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
					Months	Days	Hours
							Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		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)		16. SOCIAL SECURITY NO.	17. INFORMANT		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Run over by automobile-body badly mangled.</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)					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>This man was blind walking on the highway and was run over.</u>			
20c. TIME OF INJURY <u>1:30A.</u>	Hour a.m. p.m.	Month, Day, Year <u>11-5-60</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>State Highway #61</u>	20f. CITY, TOWN, OR LOCATION <u>Near Wardell</u>	COUNTY <u>Pemiscot</u>	STATE <u>Mo.</u>			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <u>1:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James A. Dehann</u>			22b. ADDRESS <u>Wardell, Mo.</u>			22c. DATE SIGNED <u>11-15-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV 7-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>	23d. LOCATION (City, town, or county) <u>Portageville Mo.</u>				
24. FUNERAL DIRECTOR <u>Delisle Funeral Home</u>	ADDRESS <u>Portageville</u>	25. DATE RECD. BY LOCAL REG. <u>11-22-60</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

193. 470.

APR 4 1967

**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 Not Embalmed \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.