

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-044857

FILED VS NOV 22 1960

STATE FILE NUMBER

Registration District No. 32 Primary Registration District No. 6148 Registrar's No. 30

INDEXED

1. PLACE OF DEATH a. COUNTY Stoddard Castor Twp.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky b. COUNTY Ballard				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield		Length of stay in 1b 2 days		c. CITY OR TOWN Oscar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 (Type or print) First Orville Middle Turner Last Jerrell				4. DATE OF DEATH Month November Day 11 , Year 1960				
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-16-13	9. AGE (last birthday) 47	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) Machinist			10b. KIND OF BUSINESS OR INDUSTRY Machinist		11. BIRTHPLACE (City and state or country) Oscar, Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Leslie Jerrell			13b. MOTHER'S MAIDEN NAME Carrie Webb			14. NAME OF HUSBAND OR WIFE Cleo M. Jerrell		
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. 386-07-4762		17. INFORMANT Address Rosco Jerrell Anna, Ill.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No medical attendant DUE TO (b) Investigation made by coroner and no evidence of foul play found. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
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 type="checkbox"/>	20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from _____, to _____ and last saw her him alive on _____. Death occurred at 3 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Marshall Watkins Coroner</i>				22b. ADDRESS Dexter, Mo.			22c. DATE SIGNED 11-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-16-60	23c. NAME OF CEMETERY OR CREMATORY Oscar Cemetery		23d. LOCATION (City, town, or county) Ballard Co., Ky.			(State)
24. FUNERAL DIRECTOR Watkins & Sons			ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 11-18-60	26. REGISTRAR'S SIGNATURE <i>Mrs. George L. Baker</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 8 AON

MAR 21 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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter M

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.