

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 20 1960

-60-046596

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5587 Registrar's No. 249

DEED

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - 1 mi N of Jasper</u>		Length of stay in 1b <u>Transit</u>		c. CITY OR TOWN <u>Joplin</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>U.S. Hwly 71</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>310 N. Maple St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>NELSON</u> Last <u>McBAINE</u>				4. DATE OF DEATH Month <u>December</u> Day <u>8</u> Year <u>1960</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-1-1899</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Columbia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bob McBaine</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Donna Sue McBaine</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Unk</u>			16. SOCIAL SECURITY NO. <u>Unk</u>		17. INFORMANT Address <u>Mrs. Donna Sue McBaine, 310 N. Maple St.</u>			
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>Injuries Multiple Extreme,</u>							<u>Instantaneous</u>	
DUE TO (b) <u>1. Compound fracture skull</u>								
DUE TO (c) <u>2. Crush injury right chest.</u>								
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 if itemized) <u>Car in which he was riding struck end of the over pass north of Jasper Mo. on</u>					
20c. TIME OF INJURY Hour <u>10:15</u> p.m. Month, Day, Year <u>12-8-60</u>	U.S. Highway #71 causing crush injuries.							
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>U. S. Hwly #71</u>		20f. CITY, TOWN, OR LOCATION <u>Near Jasper</u>		COUNTY <u>Jasper</u>		STATE <u>Mo.</u>
21. I attended the deceased from <u>Did not attend.</u> and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Wendell M.D. Coroner Jasper County</u>				22b. ADDRESS <u>Med. Arts Bldg. Joplin Mo.</u>			22c. DATE SIGNED <u>12-16-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-12-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>		23d. LOCATION (City, town, or county) (State) <u>JOPLIN, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</u>				25. DATE RECD. BY LOCAL REG. <u>12-17-60</u>		26. REGISTRAR'S SIGNATURE <u>Elly Clifton</u>		

(Licensed Embelmer's Statement on Reverse Side)

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.

Student _____
Signature of Student Embalmer

Signed Harvey E. Amie #

Licensed Embalmer No. 4463

P. O. Address Joplin

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.