

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

**-60-046843**

**JAN 16 1961**

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. \_\_\_\_\_ Registrar's No. 70

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Palmyra</u> Length of stay in 1b _____ c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY OR TOWN <u>Hannibal</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1402 Vermont</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>JAMES</u> Middle <u>WARREN</u> Last <u>McKEE</u>			<b>4. DATE OF DEATH</b> Month <u>Oct.</u> Day <u>29th</u> Year <u>1960</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/></b> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1/7/1878</u>	<b>9. AGE (last birthday)</b> <u>82</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Illinois</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>George McKee</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Jennings</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Rose McKee</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT</b> <u>T.L. Kittlink</u> Address <u>3234 Roosevelt Hannibal Mo.</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull, lacerated brain</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</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
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></b>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Car ran off of road + turned over.</u>			
<b>20c. TIME OF INJURY</b> Hour <u>4</u> p.m. Month, Day, Year <u>10 29 60</u>	<b>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></b>				
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Warm gravel road.</u>		<b>20f. CITY, TOWN, OR LOCATION</b> <u>3 1/2 mi west of Palmyra</u>		<b>COUNTY</b> <u>Marion</u>	<b>STATE</b> <u>Mo</u>
<b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.</b> Death occurred at <u>4 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>Henry H Sweetz Jr. Coroner</u>			<b>22b. ADDRESS</b> <u>Hannibal Mo</u>		<b>22c. DATE SIGNED</b> <u>11/11/61</u>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>10/31/1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Greenwood Cem.</u>	<b>23d. LOCATION</b> (City, town, or county) <u>Palmyra Mo.</u> (State) _____		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>E.T. Sprague Palmyra Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>Jan-11-1961</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Em. Lucke.</u>	

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  
of by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.