

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 23 1961

-61-001190
STATE FILE NUMBER

AMENDED

Registration District No. 142 Primary Registration District No. 5586 Registrar's No. 1

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Howell	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Goldsberry	a. STATE Mo.	b. COUNTY Howell
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		c. CITY OR TOWN Mtn. View	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS Route 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED			4. DATE OF DEATH			
First Frank	Middle Albert	Last Jones	Month January	Day 12	Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/4/99	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pittsburg, Penn.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	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) Yes	16. SOCIAL SECURITY NO. 10-11-#9	17. INFORMANT Alta E. Gasaway Rt. 1 Mt. View, Mo.
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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)	_____ CEREBRAL HEMORRHAGE _____	1 Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ SKULL FRACTURE _____	1/2 Hour
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURE L. FOREARM	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
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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.) CAR WRECK
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20c. TIME OF INJURY 4:20 a.m. 1-12-61	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.) STATE HWY 4 Mtn. View	20f. CITY, TOWN, OR LOCATION Mtn. View	COUNTY Howell	STATE Mo.
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21. I attended the deceased from 1-12-61 to 1-12-61 and last saw him alive on 1-12-61. Death occurred at 4:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE W. J. [Signature]	(Degree or title) M.D.	22b. ADDRESS Mtn. View, Mo.	22c. DATE SIGNED 1-12-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-15-1961	23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery	23d. LOCATION (City, town, or county) (State) Mountain View, Missouri
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24. FUNERAL DIRECTOR Duncan Funeral Home Mtn. View, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-18-61	26. REGISTRAR'S SIGNATURE Laura Mitchell
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AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

JAN 25 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles D. Pastern

Licensed Embalmer No. 5107

P. O. Address Mtn View, N.J.

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.