

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001934
STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 2093 Registrar's No. 7

FILED VS FEB 15 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JEFFERSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLATTIN TWP.		a. STATE MO.		b. COUNTY JEFF.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIWAY 67 & 10 mi. s. of CRYSTAL CITY - FESTUS		Length of stay in 1b		c. CITY OR TOWN BARNHART		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS BOX 77		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Leo		Middle Winford		Last De Clue		Month 2 - Day 4 - Year 61	
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 11-5-35	
9. AGE (last birthday) 25		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) LABORER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) POTOSI, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME HERMAN DE CLUE			13b. MOTHER'S MAIDEN NAME GOLDIE BRIM			14. NAME OF HUSBAND OR WIFE OPAL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address OPAL DE CLUE BARNHART, MO.			
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) Multiple Fractures							
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"/> N. <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.) Auto-Bus collision, Head on.			
20c. TIME OF INJURY 9:30		Hour 9:30 Month, Day, Year 2-4-61		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY (TOWN) OR LOCATION COUNTY STATE Festus Twp. Jeff. Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>							
21. I attended the deceased from Cerence's View and last saw her him alive on _____							
Death occurred at 9:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) James P. Beard D.P. Crown				22b. ADDRESS Festus, Mo.		22c. DATE SIGNED 2-5-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-7-61		23c. NAME OF CEMETERY OR CREMATORY NEW DIGGINS		23d. LOCATION (City, town, or county) (State) WASHINGTON CO. MO.	
24. FUNERAL DIRECTOR GENTRY R. POLITTE				25. DATE RECD. BY LOCAL REG. Feb. 7-1961		26. REGISTRAR'S SIGNATURE Marie Harria	
ADDRESS CRYSTAL CITY, MO							

FEB 17 1961

MAR 2 1961

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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

Gentley R. Polittle

Licensed Embalmer No.

3481

P. O. Address

Crystal City

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.