

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001956

STATE FILE NUMBER

FILED VS JAN 25 1961

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 10

AMENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jefferson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Joachim Twp.</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Jefferson</b>	
OR TOWN		Length of stay in 1b <b>3 Hrs.</b>		c. CITY OR TOWN <b>Big River Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jeff. Mem. Hosp.</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Fletcher</b>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. Year	
First <b>George</b>		Middle <b>Edward</b>		Last <b>Recar</b>		Month <b>Jan.</b>	
Day <b>22,</b>		Year <b>1961</b>		6. SEX <b>M</b>		7. COLOR OR RACE <b>W</b>	
8. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		9. DATE OF BIRTH <b>8/1/21</b>		10. AGE (last birthday) <b>39</b>		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) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Tiff. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		13a. FATHER'S NAME <b>George Dobbs</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Heads</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Sarah Pinnell Fletcher, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) <b>Pek. to mitis.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>8 Hrs.</b>	
DUE TO (b) <b>Diphtheria</b>		DUE TO (c)				Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 checked="" 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 <b>Coroner's View</b> and last saw her <b>alive on</b> Death occurred at <b>8:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>James C. Pahn D.C. Crow</b>				22b. ADDRESS <b>Fletcher Mo.</b>		22c. DATE SIGNED <b>1-22-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/24/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Horine</b>		23d. LOCATION (City, town, or county) (State) <b>Richwoods Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Lee Mothershead DeSoto, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>1-23-61</b>		26. REGISTRAR'S SIGNATURE <b>James A. Pinnell</b>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

FEB 2 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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.