

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004723

STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 56

FILED VS MAR 7 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fulton		Length of stay in lb 16/11/20	c. CITY OR TOWN Fulton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 413 1/2 W. 9th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Carl Middle Jewell Last Cason			4. DATE OF DEATH Month February Day 20 Year 1961
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-29-44
10a. USUAL OCCUPATION (Give kind of work done during period of working life, even if retired) School		10b. KIND OF BUSINESS OR INDUSTRY Student	9. AGE (last birthday) 16 IF UNDER 1 YEAR Months 11 Days 21 IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) Fulton, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Cason		13b. MOTHER'S MAIDEN NAME Cornelia Threlkeld	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT Bertie Lee White Address 304 W. 9th Fulton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anatomical Findings insufficient to explain death DUE TO (b) Segmental intestinal ileus, post operative DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 SUICIDE HOMICIDE Verdict of Jury	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Stabbed in stomach	
20c. TIME OF INJURY 12:15 a.m. 2/12/61 The deceased came to his death by a stab wound in the abdomen, inflicted by a person or persons unknown			
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.) front of 827 Westminster	20f. CITY, TOWN, OR LOCATION Fulton, Callaway Missouri
21. I attended the deceased from Approx 11:15 P.M. to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dennis C. Browning, coroner		22b. ADDRESS Fulton, Mo.	22c. DATE SIGNED Mar 2-1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 1961	23c. NAME OF CEMETERY OR CREMATORY Southside, Fulton	23d. LOCATION (City, town, or county) (State) Fulton, Missouri
24. FUNERAL DIRECTOR George H. Green ADDRESS 821 State St.		25. DATE RECD. BY LOCAL REG. March 2-1961	26. REGISTRAR'S SIGNATURE Martha Lawrence

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 _____

Licensed Embalmer No. 4220

P. O. Address Fulton, 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.