

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

92
324

-61-007313
STATE FILE NUMBER

AMENDED

Registration District No. 336 Primary Registration District No. 336 Registrar's No. 324

FILED VS MAR 7 1961

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona</u>				Length of stay in lb		c. CITY OR TOWN <u>Winona</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jerry</u> Middle <u>Bland</u> Last <u>Bland</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>11</u> Year <u>1961</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-11-61</u>	
9. AGE (last birthday)		IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>		IF UNDER 24 HR Hours <u>7</u> Min. <u>9</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Winona, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY							
13a. FATHER'S NAME <u>Roy Bland</u>				13b. MOTHER'S MAIDEN NAME <u>Francis Counts</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT <u>Charles Counts</u>				Address <u>Winona, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ad Phytia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Protrusion of Heart Cord</u> DUE TO (c) <u>Breath extraction</u>							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 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.)			
21. TIME OF INJURY Hour <u>5 P.</u> Month, Day, Year <u>Feb 11, 1961</u>							
22. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		23b. CITY, TOWN, OR LOCATION		COUNTY STATE	
24. I attended the deceased from Death occurred at <u>5 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
25. SIGNATURE <u>J. J. Duncan</u> (Degree or title)				26. ADDRESS <u>Bethany Chapel</u>		27. DATE SIGNED <u>2/18/61</u>	
28. FUNERAL, CREMATION, REMOVAL (Specify)		29. DATE <u>2-12-61</u>		30. NAME OF CEMETERY OR CREMATORY <u>Bethany Chapel</u>		31. LOCATION (City, town, or county) (State) <u>Emmence, Missouri</u>	
32. FUNERAL DIRECTOR ADDRESS <u>Duncan Funeral Home Mtn. View, Mo.</u>				33. DATE RECD. BY LOCAL REG. <u>2 Nov 8, 1961</u>		34. REGISTRAR'S SIGNATURE <u>Robert Green</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Yuba City, Tex.

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.