

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012543
STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5103 Registrar's No. 14

AMENDED

FILED MAY 1 1961

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warsaw Lindsey Twp.</u>		c. CITY OR TOWN <u>Warsaw</u>	
Length of stay in 1b <u>3 months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>RICHARD</u> Last <u>McBee</u>			4. DATE OF DEATH Month <u>April</u> Day <u>24</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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 27 1944</u>	9. AGE (last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Warsaw High School</u>		11. BIRTHPLACE (City and state or country) <u>Rock Hill S.C. Mo</u>		
10c. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>		13a. FATHER'S NAME <u>Dr Taylor R. Mc Bee</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Reece</u>		
13c. NAME OF HUSBAND OR WIFE <u>New married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		
17. INFORMANT <u>Dr. J. R. Mc Bee</u>		Address <u>Warsaw</u>				

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 <u>1 hr -</u>
IMMEDIATE CAUSE (a) <u>Skull Fracture</u>		
DUE TO (b) <u>"Auto-accident"</u>		
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"/> No <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.) <u>Auto accident U.S. Highway 65 One mile</u>	
20c. TIME OF INJURY Hour <u>10:15</u> Month, Day, Year <u>Apr 24, 1961</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>North of 65 Spur at Warsaw - 1457 9th Ave & 1959 S.W.C.</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Warsaw</u>	COUNTY <u>Benton Co., Mo</u>	STATE
21. I attended the deceased from <u>never</u> to <u>never</u> and last saw <u>him</u> alive on _____ Death occurred at <u>10:15 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>John F Reser (Benton Co. Coroner)</u>		22b. ADDRESS <u>Warsaw, Mo</u>		22c. DATE SIGNED <u>Apr. 25, 1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr 27, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lincoln Benton, Mo</u>
24. FUNERAL DIRECTOR <u>John F Reser</u>		ADDRESS <u>Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>Apr. 27 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan.</u>

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.