

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH *Da Cor...* **-61-022065**

STATE FILE NUMBER

AMENDED

Registration District No. 270 Primary Registration District No. 2050 Registrar's No. 33

FILED JUL 5 1961

1. PLACE OF DEATH a. COUNTY <u>Pemiscot Co. Caruthersville, Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u>		c. CITY OR TOWN <u>Steele, Mo.</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>The Cooke Clinic</u>		d. STREET ADDRESS (If outside, give location) <u>Gen. Del</u>	

3. NAME OF DECEASED (Type or print) First <u>Stanley</u> Middle <u>Lee</u> Last <u>Weatherall</u>			4. DATE OF DEATH Month <u>6</u> - Day <u>28</u> - Year <u>61</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</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>5-28-56</u>	9. AGE (last birthday) <u>5</u>	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)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hayti, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Jeanne Ann Weatherall</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>Florence Garrison</u>		14. NAME OF HUSBAND OR WIFE <u>Blytheville Ark</u> Address <u>R. 3, Box 481</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>Intestinal Obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5</u>
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"/> No <input type="checkbox"/> Unknown	
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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.)	
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 6/28/61 to 6/28/61 and last saw him alive on 6/28/61
Death occurred at 8:10 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Caruthersville, Mo</u>	22c. DATE SIGNED <u>6/29/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6/30/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Yarbro, Ark</u>	23d. LOCATION (City, town, or county) <u>Yarbro, Mo.</u> (State)
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24. FUNERAL DIRECTOR <u>A. C. Harne</u> ADDRESS <u>Blytheville Ark</u>	25. DATE RECD. BY LOCAL REG. <u>6-29-1961</u>	26. REGISTRAR'S SIGNATURE <u>Jack W Tipton</u>
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(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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. C. Harne

ack Licensed Embalmer No. 623

P. O. Address Bluffville, O

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.