

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023649

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 35

AMENDED FILED JUN 28 1961

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SWEET SPRINGS</u>		Length of stay in lb	c. CITY OR TOWN <u>SWEET SPRINGS</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 <u>NONE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>SWEET SPRINGS</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>GARY</u> Middle <u>WAYNE</u> Last <u>HASKETT</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>19</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>9/19/52</u>	9. AGE (last birthday) <u>8 YRS.</u> IF UNDER 1 YEAR IF UNDER 24 HR Months <u>10</u> Days <u>8</u> Hours <u></u> Min. <u></u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>School Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>SWEET SPRINGS, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>EARL ALBERT HASKETT</u>		13b. MOTHER'S MAIDEN NAME <u>LILLIE MARIE MALICOAT</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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Mrs. Lillie Hasket Sweet Springs Mo</u>	Address <u>Sweet Springs Mo</u>
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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>Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mins.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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 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>Fell in water tank. Could not swim.</u>	
20c. TIME OF INJURY Hour <u>5:00</u> p.m. Month, Day, Year <u>6-19-61</u>			

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.) <u>International Shoe Sweet Springs Saline Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Sweet Springs Saline Mo.</u>	COUNTY <u>Saline</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>Oct. 1953</u> to <u>June 1961</u> and last saw him alive on <u>6-19-61</u> Death occurred at <u>5:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Paul K. Roberts, M.D.</u> (Degree or title)	22b. ADDRESS <u>Sweet Springs Mo</u>	22c. DATE SIGNED <u>6-20-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/21/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS, MO.</u>
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24. FUNERAL DIRECTOR <u>Jane Y. Miller, Sweet Springs Mo</u>	ADDRESS <u>Sweet Springs Mo</u>	25. DATE RECD. BY LOCAL REG. <u>June 21, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mary Mosley</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

AUG 3 1951

**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 Orme Y. Miller

Licensed Embalmer No. 4783

P. O. Address Sunset Springs,

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.