

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024273

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 217

AMENDED

<p><b>FILED AUG 9 1961</b></p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Butler</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u></p>		
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marion Mo</u></p> <p>Length of stay in 1b</p>		<p>c. CITY OR TOWN <u>CLARKTON</u></p> <p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ash Hill Jwp.</u></p> <p>inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>RT. 1</u></p> <p>Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>LOU JEWELL TRUE</u></p>			<p>4. DATE OF DEATH Month Day Year <u>JULY 20 - 1961</u></p>	
<p>5. SEX <u>FEMALE</u></p>	<p>6. COLOR OR RACE <u>WHITE</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>4-16-1905</u></p>	<p>9. AGE (last birthday) <u>56</u></p> <p>IF UNDER 1 YEAR IF UNDER 24 HR</p> <p>Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (City and state or country) <u>MISSOURI</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p>
<p>13a. FATHER'S NAME <u>TOMMY WELCH</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>DELIA TOOLE</u></p>	<p>14. NAME OF HUSBAND OR WIFE <u>JAMES HENRY TRUE</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u></p>		<p>16. SOCIAL SECURITY NO. _____</p>	<p>17. INFORMANT Address <u>CHESTER TRUE-SON - HOLCOMB, MO.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>multiple fractures</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>internal injuries</u></p> <p>DUE TO (c) _____</p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>instant</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I &amp; PART II of item 18.) <u>automobile hit bridge abutment</u></p>		
<p>20c. TIME OF INJURY Hour s.m. <u>3:00 p.m.</u> Month, Day, Year <u>7-20-61</u></p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>state highway 53</u></p>	<p>20f. CITY, TOWN, OR LOCATION <u>ash Hill Jwp.</u></p>	<p>COUNTY <u>Butler</u> STATE <u>MO</u></p>
<p>21. I attended the deceased from _____ to _____ and last saw him alive on _____</p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>				
<p>22a. SIGNATURE (Degree or title) <u>Grover Wheeler coroner</u></p>			<p>22b. ADDRESS <u>Poplar Bluff Mo</u></p>	<p>22c. DATE SIGNED <u>7/25-61</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u></p>	<p>23b. DATE <u>7-23-1961</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>STANFIELD</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>CLARKTON, MISSOURI</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>HOWARD FUNERAL SERVICE BLYTHEVILLE, ARK</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>7-30-61</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Thelma Graham</u></p>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 Philip J. Cassady  
Licensed Embalmer No. 4818

P. O. Address Poplar Bluff

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.