

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025746

STATE FILE NUMBER

AMENDED FILED AUG 2 1961 Registration District No. 160 Primary Registration District No. 589v Registrar's No. 96

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOACHIM TOWNSHIP</b>		c. CITY OR TOWN <b>FESTUS, MO.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEFF. MEMORIAL HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>R.R.#1,</b>	
3. NAME OF DECEASED (Type or print) First <b>DELBERT</b> Middle <b>HARRIS</b> Last <b>CARR</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>26</b> Year <b>1961</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-12-98</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GLASS FACTORY</b>	11. BIRTHPLACE (City and state or country) <b>SPRINGFIELD, ILL.</b>
13a. FATHER'S NAME <b>DELBERT CARR</b>		13b. MOTHER'S MAIDEN NAME <b>GEORGIA LOWE</b>	14. NAME OF HUSBAND OR WIFE <b>LUELLA CARR</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT <b>HAROLD HOYLMAN O'FALLON ILL.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiovascular disease</b> DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b>Generalized atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <b>Diabetes mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH
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 <b>2008. 7, 1966</b> to <b>July 24, 1961</b> and last saw her alive on <b>July 24, 61</b>		Death occurred at <b>4:00 P.</b> m on the date stated above, and to the best of my knowledge from the causes stated.	
22a. SIGNATURE <b>Destulas Dugan</b> (Degree or title)		22b. ADDRESS <b>Festus, Mo.</b>	22c. DATE SIGNED <b>7/26/61</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-28-61</b>	23c. NAME OF CEMETERY OR <b>ROSELAWN</b>	23d. LOCATION (City, town, or county) <b>CRYSTAL CITY, MO.</b>
24. FUNERAL DIRECTOR <b>James P. Cady, Crystal City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7/27/61</b>	26. REGISTRAR'S SIGNATURE <b>John N. Still, Deputy</b>

AUG 3 1961

AUG 7 1961

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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 James Richard Cody

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY

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.