

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028054

STATE FILE NUMBER

AMENDED

Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 18

FILED III 19 1961

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Stoddard Richland Twp.</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Parma, Rural</b>                          |  | c. CITY OR TOWN <b>Parma, Mo. Rural</b>   |  |
| Length of stay in 1b: <b>7yr.</b>   |  | Inside-Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Bell City, Mo. R. 1</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>Rural Route</b>   |  |
| Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |  | Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Heneretta</b> Middle <b>Cleveland</b> Last <b>Jamerson</b> |  |  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>17</b> Year <b>1961</b> |  |  |
|--|--|--|--|--|--|

|                      |                                 |   |                                     |                                  |   |  |
|----------------------|---------------------------------|---|-------------------------------------|----------------------------------|---|--|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>Colored</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>4, 24, 1921</b> | 9. AGE (last birthday) <b>40</b> | IF UNDER 1 YEAR<br>Months <b>2</b> Days <b>12</b> | IF UNDER 24 HR<br>Hours <b>12</b> Min. |
|----------------------|---------------------------------|---|-------------------------------------|----------------------------------|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <b>Common Labor</b> | 11. BIRTHPLACE (City and state or country) <b>Poplar Bluff, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b> |
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| 13a. FATHER'S NAME <b>Lawrence Cleveland</b> | 13b. MOTHER'S MAIDEN NAME <b>Marjore Ferby</b> | 13c. NAME OF HUSBAND OR WIFE <b>Bobby J. Jackson</b> |
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| 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 <b>Bobby J. Jackson</b> Address <b>6038 S. Daches</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Multiple injuries received in a two car sudden</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) <b>collision on a country road.</b>  |  |                                  |
| DUE TO (c)  |  |                                  |

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| 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.<br><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.)<br><b>Killed in a two car collision at Route p</b> |
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|  |                                  |
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| 20c. TIME OF INJURY<br>Hour <b>7:30</b> Month, Day, Year <b>7/8/61</b> | <b>and Y in Stoddard County.</b> |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>state road</b> | 20f. CITY, TOWN, OR LOCATION <b>Bell City, Mo</b> COUNTY <b>Richland</b> STATE <b>Twp.</b> |
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **7:30 p** \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                      |                                 |
|---|--------------------------------------|---------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Marsh Watkins</b> <b>Coroner</b> | 22b. ADDRESS <b>Dexter, Missouri</b> | 22c. DATE SIGNED <b>7.12/61</b> |
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|  |                             |   |   |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 23b. DATE <b>7.13, 1961</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetary</b> | 23d. LOCATION (City, town, or county) <b>N Poplar Bluff Mo.</b> (State) |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Smith Funeral Home Sikeston, Mo</b> | 25. DATE RECD. BY LOCAL REG. <b>7-14-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>Mr. Geo. L. Baker</b> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

PREPAREMENTS ON THIS RECORD ARE TO FOLLOW

SEP 27 1961

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 Fred Smith

Licensed Embalmer No. 4408

P. O. Address Wickertown, Pa

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.