

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029918

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 5590 Registrar's No. 27

AMENDED

FILED SEP 6 1961

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY JEFF	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Big River Length of stay in lb Life		c. CITY OR TOWN HILLS BORO Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy Y Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Clyde George Partney			4. DATE OF DEATH Month Day Year Sept. 4-1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-27-95	9. AGE (last birthday) 66	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City, and state or country) WARE, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME LOUIS PARTNEY		13b. MOTHER'S MAIDEN NAME CATHERINE RYAN		14. NAME OF HUSBAND OR WIFE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Floyd Partney Address R#1 Hillsboro, Mo	
--	--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GUNSHOT WOUND TO HEAD.		INTERVAL BETWEEN ONSET AND DEATH
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	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SELF INFLICTED
20c. TIME OF INJURY Hour Month, Day, Year 1:15 p.m. 9-4-61		

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.) Residence	20f. CITY, TOWN, OR LOCATION COUNTY STATE Big River Twp Jeff. MO.
21. I attended the deceased from Cooper's View and last saw her/him alive on 1:15 P on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____		

22a. SIGNATURE (Degree or title) James C. Edward M.C. Coono	22b. ADDRESS Festus MO.	22c. DATE SIGNED 9-4-61
--	--------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/7/61	23c. NAME OF CEMETERY OR CREMATORY Belgium Rest	23d. LOCATION (City, town, or county) (State) Ware MO
---	-------------------------	--	--

24. FUNERAL DIRECTOR MAHN Funeral Home ADDRESS De Soto, Mo	25. DATE RECD. BY LOCAL REG. 9/6/61	26. REGISTRAR'S SIGNATURE Oliver Dehbone, Dep
--	--	--

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 21 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 Serald J. Sogahn

Licensed Embalmer No. 4975

P. O. Address De Soto, Ga

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.