

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033656
STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 5813 Registrar's No. 46

AMENDED FILED SEP 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE unknown b. COUNTY unknown	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1 Mile East of Wellsville, Mo		c. CITY OR TOWN unknown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) unknown	
3. NAME OF DECEASED (Type or print) First SMILEY Middle JUAN Last JACKSON		4. DATE OF DEATH Month Sept. Day 8, Year 1961	
5. SEX male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown	9. AGE (last birthday) 57
11a. FATHER'S NAME unknown		11. BIRTHPLACE (City and state or country) unknown	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE	
16. SOCIAL SECURITY NO.		17. INFORMANT papers found on person, and from sheriff office	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cut in halves transversely thru abdomen			INTERVAL BETWEEN ONSET AND DEATH immediate
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 checked="" 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.) Body found by Railroad Track.	
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.) 1 mile east of Wellsville, Mo	20f. CITY, TOWN, OR LOCATION in Montgomery County, Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.P. Rodgers Coroner		22b. ADDRESS Montgomery City, Mo	22c. DATE SIGNED 9/18/61
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Mo.	23c. NAME OF CEMETERY OR CREMATORY body taken to Univ. Medical Center, Columbia, Mo.
24. FUNERAL DIRECTOR Wells Funeral Home, Wellsville, Mo.		25. DATE RECD. BY LOCAL REG. 9-8-61	26. REGISTRAR'S SIGNATURE Laura B Callaway

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 body was not embalmed, Student Embalmer No. u
working under my personal supervision.

Student

[Signature]
Signature of Student Embalmer

Signed

[Signature]
Licensed Embalmer No. 4494

P. O. Address Wellsville

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.