

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

15 -61-036453
STATE FILE NUMBER

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 5177

AMENDED
TARKER

FILED NOV 9 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett Mo. Rt. 1</u>			Length of stay in 1b		c. CITY OR TOWN <u>Kennett</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 1</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>925 North Baldwin St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Morris</u> Middle _____ Last <u>Jones Jr.</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>29th</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dont Know 1924</u>	9. AGE (last birthday) <u>37</u> 29	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Bus Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Bus</u>		11. BIRTHPLACE (City and state or country) <u>Joiner Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Morris Jones Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Rosie Jones</u>			14. NAME OF HUSBAND OR WIFE <u>Dont Know</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT Address <u>Morris Jones Sr. Kennett Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot Wound, Chest</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
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 type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Killed by another man.</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>1:00 P.M.</u>		Month, Day, Year <u>Oct. 29, 61</u>					
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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Near Caruth, Clay Twp.</u>		COUNTY STATE <u>Dunklin Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at: <u>About 3.00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Quinton Tarker M.B. Coroner</u>				22b. ADDRESS <u>Kennett Mo.</u>		22c. DATE SIGNED <u>11-1-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-4-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Willoughby Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>		
24. FUNERAL DIRECTOR <u>Lentz Service</u>			ADDRESS <u>Kennett Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11/7/61</u>	26. REGISTRAR'S SIGNATURE <u>Sue Palenske</u>	

NOV 17 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 Edgar F. J. J. J.

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

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.