

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007644

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 93

<p>FILED FEB 28 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>ST. FRANCOIS</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DOE RUN</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway W</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u></p> <p>c. CITY OR TOWN <u>FREDERICKTOWN</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>1100 MARLOWE ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>GERALD EUGENE EMMETT</u></p>			<p>4. DATE OF DEATH Month Day Year <u>FEB. 24, 1962</u></p>			
<p>5. SEX <u>MALE</u></p>	<p>6. COLOR OR RACE <u>WHITE</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>2/4/1933</u></p>	<p>9. AGE (last birthday) <u>29</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR</p> <p>Months Days Hours Min. <u>0 20</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HEAVY EQUIPMENT OPERATOR</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u></p>		
<p>13a. FATHER'S NAME <u>WILLIAM TAYLOR</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>MILDRED EMMETT</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>ELLA MAE EMMETT</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES KOREAN WAR</u></p>		<p>16. SOCIAL SECURITY NO. <u>UNKNOWN</u></p>		<p>17. INFORMANT Address <u>ELLA MAE EMMETT, FREDERICKTOWN, MO.</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Auto accident</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p>						
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>probably skull fracture, internal injuries</u></p>				
<p>20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>4:25 am FEB 24, 1962</u></p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u></p>		
<p>20f. CITY, TOWN, OR LOCATION <u>Hwy W, 2 1/2 mi E of N. ST FRANCOIS MO.</u></p>		<p>20g. COUNTY <u>ST FRANCOIS</u></p>		<p>20h. STATE <u>MO.</u></p>		
<p>21. I attended the deceased from _____ to _____ and last saw her him alive on _____</p> <p>Death occurred at <u>9:25 A.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) <u>Ted Boyer, Coroner</u></p>			<p>22b. ADDRESS <u>Bonne Terre, Mo</u></p>		<p>22c. DATE SIGNED <u>2-24-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u></p>	<p>23b. DATE <u>2-27-62</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>MADISON County MISSOURI</u></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>SAM NASIM, JR., FREDERICKTOWN, MO.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>Feb. 24, 1962</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Gather Rudloff</u></p>		

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 6 1962

MAR 13 1962

MAR 15 1962

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 Charles F. Deiss Jr.

Licensed Embalmer No. 5719

P. O. Address 218 E. College
Fredericktown 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.