

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019678

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 14

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 5 1962

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>New Madrid</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Portageville</b>            |  | Length of stay in 1b  | c. CITY OR TOWN <b>Portageville</b><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                        |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Near her home</b> |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>Portageville</b><br>Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

|  |                                  |   |  |                                    |  |
|--|----------------------------------|---|--|------------------------------------|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Thelma Gail Jolly</b> |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>May 28 1962</b> |                                    |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11/3/1959</b>                     | 9. AGE (last birthday)<br><b>2</b> | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |

|   |  |   |  |  |
|---|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Child</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>                              | 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b>      | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>Herbert Woodrow Jolly</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Emma Lorene Boyer</b>                         |  | 14. NAME OF HUSBAND OR WIFE<br><b>none</b> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>X</b>                               |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><b>none</b> | 17. INFORMANT Address<br><b>Herbert W. Jolly Portageville, Mo.</b> |  |

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Hit by Car on Highway 162</b>   |  |  |                                  |
| DUE TO (b) <b>While on Highway - Broken Skull</b>  |  |  |                                  |
| DUE TO (c) <b>Skull</b>  |  |  |                                  |

|   |  |  |  |
|---|--|--|--|
| 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 |  |
|---|--|--|--|

|  |   |  |              |
|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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.)           |              |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>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.) |   | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE |

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                               |  |   |
|--|-------------------------------|--|---|
| 22a. SIGNATURE (Degree or title)<br><b>Leo Hedgepeth Coroner</b> |                               | 22b. ADDRESS<br><b>New Madrid - Mo.</b>                      | 22c. DATE SIGNED<br><b>5/29/62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>       | 23b. DATE<br><b>5/30/1962</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mounds Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Lilbourn Missouri</b> |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| 24. FUNERAL DIRECTOR<br><b>DeLisle Funeral Home</b> | ADDRESS<br><b>Portageville, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>June 2, 1962</b> | 26. REGISTRAR'S SIGNATURE<br><b>Ellen D. Melen</b> |
|---|-------------------------------------|---|--|

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DATE AMENDED  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF

|                  |      |
|------------------|------|
| VS 300 Rev. 4/59 |      |
| 10920            |      |
| 3720             |      |
| 3                |      |
| 4                | 1    |
| 5                | 0    |
| 6                |      |
| 7                | 0    |
| 8                | 0    |
| 9                | X    |
| 10               |      |
| 11               |      |
| 12               | 91-3 |
| 13               | 5-0  |

USE BLACK INK OR TYPEWRITER RIBBON

**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 Joseph A. St. John

Licensed Embalmer No. 4481

P. O. Address Portogentle, Me

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.