

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027712

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 176 Primary Registration District No. 5-661 Registrar's No. 18

FILED AUG 13 1962	
1. PLACE OF DEATH	
a. COUNTY Lawrence	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Turnback township	a. STATE Florida b. COUNTY Monroe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 166 13 miles East of Mt Vernon	c. CITY OR TOWN Marathon
Length of stay in 1b transit	d. STREET ADDRESS (If outside, give location) Gen Delivery
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First Jessie	Middle Mae
Last Robbins	4. DATE OF DEATH
Month August	
Day 1st	
Year 1962	
5. SEX Female	6. COLOR OR RACE Negro
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4-11-37
9. AGE (last birthday) 25	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) Domestic
10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Scriven county, Ga.
12. CITIZEN OF WHAT COUNTRY U. S.	13a. FATHER'S NAME Jessie Ruffins
13b. MOTHER'S MAIDEN NAME Josie Smith	14. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.
17. INFORMANT Jessie Ruffins, Scriven county, Ga.	Address
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Broken Neck + Crushed Chest	INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Car Wreck
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto Accident	
20c. TIME OF INJURY Hour 1:40 p.m.	Month, Day, Year 8-1-62
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.) Highway 166 East of Mt Vernon - Lawrence - Mo
20f. CITY, TOWN, OR LOCATION East of Mt Vernon - Lawrence - Mo	COUNTY Lawrence
20g. STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____	
Death occurred at 1:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) William Rugh acting coroner	22b. ADDRESS Mt Vernon, Mo.
22c. DATE SIGNED 8-3-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-8-62
23c. NAME OF CEMETERY OR CREMATORY Horse Creek Cemetery	23d. LOCATION (City, town, or county) (State) Rockford Ga.
24. FUNERAL DIRECTOR Cantrell Funeral Home, Mt Vernon, Mo.	25. DATE RECD. BY LOCAL REG. August 6-62
26. REGISTRAR'S SIGNATURE W. S. Berry	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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28090

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DATE AMENDED

AUG 17 1962

DEC 14 1962

APR 25 1963

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 Wm G Cantrell

Licensed Embalmer No. 5082

P. O. Address Wm G Cantrell

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.