

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

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6773

=62-028806

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED AUG 6 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Barnes Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Illinois** b. COUNTY **Bond**
 c. CITY OR TOWN **Smithboro** Inside Limits Yes No
 d. STREET ADDRESS _____ (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Douglas Arthur Jernigan 4. DATE OF DEATH Month Day Year July 7, 1962

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3/23/1945** 9. AGE (last birthday) **17** 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) **Student** 10b. KIND OF BUSINESS OR INDUSTRY **High School** 11. BIRTHPLACE (City and state or country) **Highland, Illinois.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Ralph Jernigan** 13b. MOTHER'S MAIDEN NAME **Nona Taylor** 14. NAME OF HUSBAND OR WIFE **Nil.**

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. **None** 17. INFORMANT **Ralph Jernigan, Smithboro, Ill.** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cervical fracture with dislocation of 3rd and 4th cervical vertebrae with secondary cord involvement along with pulmonary edema, plus acitic fluid in the abdomen; suffered when deceased dove into shallow water at Greenville, Ill., on June 21, 1962.**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Accident**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **See above**

20c. TIME OF INJURY Hour Month, Day, Year 1 p.m. 6-21-62

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Creek** 20f. CITY, TOWN, OR LOCATION **Greenville, Illinois** COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ **7:15** **2:00** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Paul A. Simon Deputy Coroner** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **7/9/62**

23a. BURIAL CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7-10-62** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Auburn Cemetery** 23d. LOCATION (City, town, or county) **Greenville, Illinois.** (State)

24. FUNERAL DIRECTOR **Albert H. Hoppe Inc., 4700 Washington, Blvd.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **JUL 9 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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11 **8/2**

12 **52-3**

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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 Harvey Stahl

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.