

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS OCT 22 1959

59-035487

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Belton</u>	Length of stay in 1b <u>1 mo 28 da.</u>	c. CITY OR TOWN <u>Belton</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>516 Second St.</u>		d. STREET ADDRESS <u>516 Second St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Darell</u> Middle <u>Francis</u> Last <u>O'Jole</u>			4. DATE OF DEATH Month <u>10</u> - Day <u>8</u> - Year <u>59</u>	
5. SEX <u>m.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 11, 59</u>	9. AGE (last birthday) <u>0</u> Months <u>1</u> Days <u>28</u> Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Richards, Georgia, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Walter O'Jole</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Roe</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Walter O'Jole</u>	Address <u>Belton Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Asphyxia</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Aspiration foreign material (milk)</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>●</u>		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.) _____
20c. TIME OF INJURY <u>4⁰⁰ a.m.</u> Month, Day, Year <u>Oct 8 59</u>	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.) <u>Belton, Cass Mo</u>
21. I attended the deceased from <u>August 59</u> to <u>October 59</u> and last saw her/him live on <u>15 Sept 59</u>		21. Death occurred at <u>approximately 4⁰⁰</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE (Degree or title) <u>Denna A. Zarnes, M.D.</u>		22b. ADDRESS <u>Richard Gehan AFB, Mo</u>	22c. DATE SIGNED <u>8 Oct 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-9-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>New Orleans, La.</u>
24. FUNERAL DIRECTOR <u>E. K. George & Sons</u> ADDRESS <u>Belton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-14-1959</u>	26. REGISTRAR'S SIGNATURE <u>Ma Ray Sebree</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION :

BY AFFIDAVIT OF

MS OCT 22 1958

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 *Stirling E. Adams*

Licensed Embalmer No. 4911

P. O. Address *Grandview*

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.