

**MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035499**

**FILED VS NOV 9 1959**

Registration District No. 64 Primary Registration District No. 5244 Registrar's No. 57

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cockrell Township</u>		Length of stay in 1b <u>moments</u>		c. CITY OR TOWN <u>Cockrell Township</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>13 Mi. N. of Salisbury</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>12 Mi. N. Salisbury, on 129</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ossie</u> Middle <u>Willie</u> Last <u>Rafferty</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>6</u> Year <u>1959</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>7/29/37</u>	9. AGE (last birthday) <u>22</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Saw-mill</u>		11. BIRTHPLACE (City and state or country) <u>Chariton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Clarence Rafferty</u>			13b. MOTHER'S MAIDEN NAME <u>Mae Nickerson</u>			14. NAME OF HUSBAND OR WIFE <u>- - - - -</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-40-2104</u>		17. INFORMANT Address <u>Salisbury Mo.</u> <u>Mrs. Anna Mae McSparren</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Head Injury</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
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 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.) <u>Truck over turned</u>					
20c. TIME OF INJURY Hour <u>5: p.m.</u> Month, Day, Year <u>Nov. 6-1959</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 129</u>		20f. CITY, TOWN, OR LOCATION <u>Cockrell Twp.</u>		COUNTY <u>Chariton</u>	STATE <u>MO.</u>
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:00 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. D. [Signature]</u> (Degree or title)				22b. ADDRESS <u>Key travel</u>		22c. DATE SIGNED <u>11/6/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11/9/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cemetery</u>		23d. LOCATION (City, town, or county) <u>Chariton County, Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>Chas. B. Winkelmeyer, Salisbury, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>11-7-59</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Chas B Wiakelmejer

Licensed Embalmer No. 3842

P. O. Address Salisbury

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.