

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011742

FILED VS MAR 23 1960

Registration District No. 195 Primary Registration District No. - Registrar's No. 30-60 STATE FILE NUMBER

INDEXED

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

3. NAME OF DECEASED (Type or print) First Middle Last CHARENCE BEE COOK			4. DATE OF DEATH Month Day Year 3-10-1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-14-1942	9. AGE (last birthday) 17	IF UNDER 1 YEAR Months Day Hours Min. 11 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) Stehha, Mo	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME hon COOK		13b. MOTHER'S MAIDEN NAME Ahta Gideon		14. NAME OF HUSBAND OR WIFE hon COOK PINEVILLE, Mo	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT hon COOK PINEVILLE, Mo	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) Internal Injuries + Crushed Chest Car Accident Sudden DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH Sudden
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.) One Car Accident
20c. TIME OF INJURY Hour Month, Day, Year 9:45 p.m. 3-10-60		

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) Mo. State Hi-way W	20f. CITY, TOWN, OR LOCATION Anderson Rt. 3 McDonald Mo.	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Tom Humphrey Jr. Coroner		22b. ADDRESS Noel Mo	22c. DATE SIGNED 3-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-13-1960	23c. NAME OF CEMETERY OR CREMATORY Union Cem	23d. LOCATION (City, town, or county) (State) Stehha Mo - Rural -
24. FUNERAL DIRECTOR Humphrey & Son 2 Home	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-17-60	26. REGISTRAR'S SIGNATURE Mary A. Bralley

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. H. (Licensed Embalmer's Statement on Reverse Side)

APR 21 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student-Embalmer

Signed *T. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.