

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012187

FILED VS MAR 29 1960 297

Registration District No. 297 Primary Registration District No. 6020 Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CROOKED RIVER TWP.</u>		Length of stay in lb <u>32 yrs.</u>		c. CITY OR TOWN <u>CROOKED RIVER TWP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Tri. N.E. of HARDIN, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>JACOB</u> Last <u>FIFER</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>19</u> Year <u>1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-16-1899</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and state or country) <u>RAY COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>JOSEPH G. FIFER</u>			13b. MOTHER'S MAIDEN NAME <u>ROSA SHACKELFORD</u>			13c. NAME OF HUSBAND OR WIFE <u>OPAL FIFER</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>49042-6025</u>		17. INFORMANT <u>OPAL FIFER - NORBORNE, Mo. R.F.O.</u>			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) <u>Starvation acidosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Melanotic Sarcoma, Melaniniferous</u>									
DUE TO (c) <u>?</u>									
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 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 Hour <u>8:00</u> a.m. <u>3:00</u> p.m.		Month, Day, Year							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>2-10-56</u> to <u>3-10-60</u> and last saw him alive on <u>3-10-60</u> Death occurred at <u>3-19-60</u> <u>3:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. Rawl</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Richmond.</u>			22c. DATE SIGNED <u>3-21-60</u>		
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>		23b. DATE <u>3-21-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WAKENDA CEM.</u>		23d. LOCATION (City, town, or county) <u>RAY COUNTY, Mo.</u>				
24. FUNERAL DIRECTOR <u>KNIPSCHILD & BURCHERDING</u>			ADDRESS <u>HARDIN, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-23-1960</u>		26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 28 1980

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 August Borchert

Licensed Embalmer No. 4678

P. O. Address Hardin, Pa

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.