

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013903

FILED VS APR 6 1960 354

Registration District No. _____ Primary Registration District No. 4519 Registrar's No. 51

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cabool		Length of stay in 1b 29 yrs.		c. CITY OR TOWN Cabool		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Joel Beverage Archer				4. DATE OF DEATH Month Day Year 3-24-60									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-14-1897		9. AGE (last birthday) 62		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) mechanic				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Texas County, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Jilliam B. Archer				13b. MOTHER'S MAIDEN NAME Letha I. Coats				14. NAME OF HUSBAND OR WIFE Ethel Archer					
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.		17. INFORMANT Address Mrs. Joel Archer, Cabool, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion										INTERVAL BETWEEN ONSET AND DEATH 5 minutes			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) DUE TO (c)													
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"/> N- <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 a.m. p.m.		Month, Day, Year											
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 3/24/60 to 3/24/60 and last saw her/him alive on D.O.A. Death occurred at 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) David R. Wilbur M.D.						22b. ADDRESS Cabool, Mo.			22c. DATE SIGNED 3/28/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-27-60		23c. NAME OF CEMETERY OR CREMATORY Cabool, Cemetery			23d. LOCATION (City, town, or county) (State) Cabool, Missouri						
24. FUNERAL DIRECTOR Elliott-Gentry, Cabool, Missouri				25. DATE RECD. BY LOCAL REG. 3-31-60		26. REGISTRAR'S SIGNATURE Gaynell Scumpson							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 1966

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

James L. Gentry

Licensed Embalmer No. 4710

P. O. Address Calboon

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.