

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020159

LED VS JUN 8 1960

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 19-66 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia</u>		c. CITY OR TOWN <u>Etterville</u>	
Length of stay in lb <u>22 hrs</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>Humphreys-Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Etterville</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>James-WALKER-Pierce</u>			4. DATE OF DEATH Month Day Year <u>June 2 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>30 June 1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
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 of country) <u>Miller-Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
13a. FATHER'S NAME <u>Woolsey-Pierce-</u>		13b. MOTHER'S MAIDEN NAME <u>Scott</u>		14. NAME OF HUSBAND OR WIFE <u>FRONA-Pierce</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>FRONA-Pierce- Etterville 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>Myocarditis acute from contusion of chest due to auto accident</u>		<u>24 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<u>24 hr</u>
	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"/> 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 Month, Day, Year a.m. p.m.	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 6-1-60 to 6-3-60 and last saw him alive on 6-2-60
 Death occurred at 1:40 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>M. E. Humphrey</u> (Degree, if title) <u>D.O.</u>		22b. ADDRESS <u>Tuscumbia-Mo</u>	22c. DATE SIGNED <u>3 June-60</u> (State) <u>Mo</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3 June-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u>	23d. LOCATION (City, town, or county) <u>ELDON</u>
24. FUNERAL DIRECTOR <u>Keith M. Hays</u> ADDRESS <u>ELDON-Mo</u>	25. DATE RECD. BY LOCAL REG. <u>June 3, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 9 1980

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

Keith M. Kaye

Licensed Embalmer No. *3998*

P. O. Address *Eldon Mo*

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.