

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023699

LED VS JUN 16 1960 383 Primary Registration District No. 5655 Registrar's No. 42

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LAURENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LAURENCE	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN MYLERNON, MO		Length of stay in 1b 4 MO.	c. CITY OR TOWN LEBANON, MO.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. SONS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. # 2
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First TALHADGE Middle FAY Last MULLIGAN			4. DATE OF DEATH Month 6 Day 5 Year 60	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-06	9. AGE (last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME Nellie Richardson		14. NAME OF HUSBAND OR WIFE UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service UNKNOWN		16. SOCIAL SECURITY NO. 440-12-9673	17. INFORMANT (Address) RECORD of MO. S. SONS	

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 4 MIN.
IMMEDIATE CAUSE (a)	PULMONARY HEMORRHAGE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	PULMONARY T.B.C.	
DUE TO (b)	ARTERIO SCLEROTIC HEART DISEASE	
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 _____ 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 MAY 1, 1960 to PRESENT and last saw him alive on 6-4-60		Death occurred at 3:35 AM 6-5-60 on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) George Hall Holliman		22b. ADDRESS Mo. S. Sons	22c. DATE SIGNED 6-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 3-5-60	23c. NAME OF CEMETERY OR CREMATORY UNKNOWN	23d. LOCATION (City, town, or county) (State) LEBANON, MO
24. FUNERAL DIRECTOR Colonial Fun Home Lebanon, Mo		25. DATE RECD. BY LOCAL REG. 6-9-60	26. REGISTRAR'S SIGNATURE H. O. Smith

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene B. Hunter

Licensed Embalmer No. 4739

P. O. Address Sydney

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.