

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027712

FILED VS. JUL 19 1960 2.36

Primary Registration District No. 5818

Registrar's No. 45

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Morgan Township</u>		Length of stay in 1b <u>Transit</u>		c. CITY OR TOWN <u>Brookfield</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>2 M. N.C. Versailles</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Box 203 R.F.D. #1</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>Curtis</u> Last <u>Crist</u>			4. DATE OF DEATH Month <u>July</u> Day <u>14</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>9/3/1901</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unbrasser for</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Federal Housing</u>		11. BIRTHPLACE (City and state or country) <u>Winigan, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Crist</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Shrader</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Crist</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>500-36-2423</u>		17. INFORMANT <u>Viola Crist, Brookfield, Mo.</u>		
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>BROKEN NECK</u>						INTERVAL BETWEEN ONSET AND DEATH <u>immediat</u>	
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"/> 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.) <u>HEAD-ON Autom.ble Accident approx 2mi N of</u>					
20c. TIME OF INJURY Hour <u>6:55</u> p.m. Month, Day, Year <u>Jul 14-60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>VERSAILLES - pronounced dead by Ray Lyke M.D.</u>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo State Highway 50</u>		20f. CITY, TOWN, OR LOCATION <u>2mi N of Versailles</u>		COUNTY <u>Morgan</u>		STATE <u>Missouri</u>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at <u>6:55 p.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Gene H. Bartman</u>				22b. ADDRESS <u>Versailles, Missouri</u>		22c. DATE SIGNED <u>Jul 15-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>15-July, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Price Cemetery</u>		23d. LOCATION (City, town, or county) <u>Winigan, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-16-60</u>		26. REGISTRAR'S SIGNATURE <u>J. L. Wash</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 1960
JUL 28 1960

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 Raymond C. Archer

Licensed Embalmer No. 4626

P. O. Address Verona, N.J.

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.