

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030076

FILED VS SEP 14 1960 98

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 81

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Davies		b. CITY (if outside corporate limits, give TOWNSHIP only) Colfax		a. STATE Miss.		b. COUNTY Hinds	
Length of stay in 1b 4hrs.		c. CITY OR TOWN Jackson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) 7mi. N-E Cameron		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 318 Mackadoo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH			
First MARCUS		Middle LAFAYETTE		Last McCaskill		Month Day Year Sept. 7, 1960	
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-12-1919	9. AGE (last birthday) 41	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) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Power Line Const. Mendenhall, Miss.		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME James A. McCaskill		13b. MOTHER'S MAIDEN NAME Rosie Barry		14. NAME OF HUSBAND OR WIFE Lorena McCaskill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.II		16. SOCIAL SECURITY NO. 425-26-3445		17. INFORMANT Address John McCaskill, Cameron, Mo.			
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) Skull fracture						immediate	
DUE TO (b) Tractor accident							
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.) Tractor overturned on him					
20c. TIME OF INJURY 12:10 PM 9/7/60		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Construction job				20e. CITY, TOWN, OR LOCATION COUNTY STATE RFD Colfax Twp. Davies Co Mo	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 12:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. Baumgardner Co				22b. ADDRESS Pattonsburg, Mo.		22c. DATE SIGNED 9-8-1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-8-1960		23c. NAME OF CEMETERY OR CREMATORY Oak Grove		23d. LOCATION (City, town, or county) (State) Mendenhall, Miss.	
24. FUNERAL DIRECTOR Poland Funeral Home, Cameron, Mo.				25. DATE RECD. BY LOCAL REG. 8th Sept. 1960		26. REGISTRAR'S SIGNATURE Virginia Longhart	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 23 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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron,

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.