

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038995

FILED OCT 26 1960

Registration District No. 206 Primary Registration District No. 5751 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Madison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Madison</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Highway H N.W. of Fredericktown</b>		Length of stay in 1b	c. CITY OR TOWN <b>Fredericktown</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>133 West Main,</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>James Francis Day Jr.</b>			4. DATE OF DEATH Month Day Year <b>10 - 15 - 1960</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/14/34</b>	9. AGE (last birthday) <b>26</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>1</b>
IF UNDER 24 HR Hours <b></b> Min. <b></b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lab technician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Wayne Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA.</b>
13a. FATHER'S NAME <b>James F. Day Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Toler</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>U.S. Army Reserve</b>		16. SOCIAL SECURITY NO. <b>498-36-7538</b>	17. INFORMANT Address <b>Mary E. Beckworth, 309 Anthony Fredericktown.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BROKEN NECK</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>INTERNAL INJURIES</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.) <b>CAR ACCIDENT</b>			
20c. TIME OF INJURY Hour <b>11:45</b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b>10-15-60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hwy. H</b>	20f. CITY, TOWN, OR LOCATION <b>FREDERICKTOWN</b>	COUNTY <b>MADISON</b>	STATE <b>MO</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <b>11:45 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE (Degree or title) <b>Ray W. Laine Coroner</b>			22a. ADDRESS <b>Fredericktown Mo.</b>		22c. DATE SIGNED <b>10-20-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-19-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Marcus Mem. Cem,</b>	23d. LOCATION (City, town, or county) (State) <b>Fredericktown, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Najim Funeral Home Fredericktown,</b>		25. DATE RECD. BY LOCAL REG. <b>10-20-60</b>	26. REGISTRAR'S SIGNATURE <b>Leville Watson Reg.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 27 1930

**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

*Herbert Liley*

Licensed Embalmer No. 5086

P. O. Address Fredricks

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.