RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 6 1960

-60-042873
STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 5-803 Registrar's No. 42

DED

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDIAN CREEK TOWNSHIP
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE CITY(RURAL)
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3430 CHARLOT AVE
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EVERETT Middle DAVID Last DAY
4. DATE OF DEATH Month NOVEMBER Day 24th Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-17-1956
9. AGE (last birthday) 4
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) SAN ANTONIE TEXAS
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME EVERETT W DAY
13b. MOTHER'S MAIDEN NAME DENOTTA LOGSDON
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Denotta Logsdon Address Kansas City Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEAD AND CHEST INJURY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) AUTOMOBILE ACCIDENT
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
XXXX
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) AUTOMOBILE COLLISION WITH ANOTHER AUTOMOBILE
20c. TIME OF INJURY Hour ABOUT 435 AM Month, Day, Year 11-24-60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STATE HIGHWAY 24
20f. CITY, TOWN, OR LOCATION INDIAN CREEK TOWNSHIP COUNTY MONROE STATE MO.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at About435 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Russell M Hilson (Degree or title) CORONER
22b. ADDRESS MONROE CITY, MISSOURI
22c. DATE SIGNED 11_24.60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11-28th1960
23c. NAME OF CEMETERY OR CREMATORY StPATRICK CEMETERY
23d. LOCATION (City, town, or county) (State) StPACTRICK MISSOURI

24. FUNERAL DIRECTOR Wilson Sons, ADDRESS WILSON & SONS MONROE CITY, MO
25. DATE RECD. BY LOCAL REG. 11-28-1960
26. REGISTRAR'S SIGNATURE F. A. Barnett M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 16 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 Me, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lester L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.