

# MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

60-045306

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 64

UNRECORDED

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; Residence before admission)	
a. COUNTY <u>CALDWELL</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HAMILTON</u>	a. STATE <u>Mo</u>	b. COUNTY <u>CALDWELL</u>
Length of stay in 1b <u>—</u>		c. CITY OR TOWN <u>BREKENRIDGE</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY LIMITS</u>		d. STREET ADDRESS (If outside, give location) <u>—</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

<b>3. NAME OF DECEASED</b> (Type or print) First <u>JUNIOR</u> Middle <u>RAY</u> Last <u>CLARK</u>			<b>4. DATE OF DEATH</b> Month <u>DEC</u> Day <u>7</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>APR 14 '38</u>	9. AGE (last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATION OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SEWAGE STATION</u>	11. BIRTHPLACE (City and state or country) <u>BREKENRIDGE MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>ELMER CLARK</u>	13b. MOTHER'S MAIDEN NAME <u>RUTH KING</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT Address <u>ELMER CLARK BREKENRIDGE</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Fracture-dislocation, cervical spine</u>	DUE TO (b) <u>Car wreck</u>	
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>Car wreck, Hamilton, Mo.</u>
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20c. TIME OF INJURY Hour <u>8:30</u> m. <u>a.m.</u> Month, Day, Year <u>12/7/60</u>	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.) <u>Street</u>	20f. CITY, TOWN, OR LOCATION <u>Hamilton</u>	COUNTY <u>Caldwell</u>	STATE <u>Mo.</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Howard Carter M.D.</u>		22b. ADDRESS <u>Hamilton, Mo.</u>		22c. DATE SIGNED <u>12/8/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 10. 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROSEHILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>BREKENRIDGE MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>MEAD-PITTS BREKENRIDGE</u>		25. DATE RECD. BY LOCAL REG. <u>12-16-60</u>	26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1960

OCT 24 1961

NOV 8 1961

**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 John W. Pitts

Licensed Embalmer No. 5074

P. O. Address Breukin

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