

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009636

AMENDED FILED APR 10 1961 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 41 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bedford Twp.</b>		Length of stay in 1b <b>1 1/2 Hrs</b>	c. CITY OR TOWN <b>Troy</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>Lincoln Co. Mem. Hosp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>701 Main</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Gerald</b> Middle <b>Henry</b> Last <b>Reckamp</b>			4. DATE OF DEATH Month <b>April</b> Day <b>3</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>7/25/36</b>	9. AGE (last birthday) <b>24</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and state or country) <b>Ethlyn, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Henry Reckamp</b>		13b. MOTHER'S MAIDEN NAME <b>Regina Burkemper</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 1959-60</b>		16. SOCIAL SECURITY NO. <b>1959-60</b>	
17. INFORMANT Address <b>Regina Reckamp, Troy, Missouri</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, Basal Skull Fracture &amp; Crushed Chest,</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1hr 20Min</b>
DUE TO (b) <b>Automobile Accident</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 Deceased was driving left road and</b>
20c. TIME OF INJURY Hour <b>1:45 AM</b> Month, Day, Year <b>4/3/61</b>	struck Tree. No other vehicle involved,	

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, airport, office bldg., etc.) <b>Hiway #61</b>	20f. CITY, TOWN, OR LOCATION <b>1mi south of Troy, Mo.</b>	COUNTY <b>Hiway #61</b> STATE
21. I attended the deceased from _____ to _____ and last saw him alive on <b>4/3/61</b> Death occurred at <b>3:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

21a. SIGNATURE (Degree or title) <b>Joseph J. Marsh Sr. CORONER</b>		21b. ADDRESS <b>Troy, Missouri</b>		21c. DATE SIGNED <b>4/5/61</b>
22a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	22b. DATE <b>4/6/61</b>	22c. NAME OF CEMETERY OR CREMATORY <b>St Mary's Cemetery</b>	22d. LOCATION (City, town, or county) (State) <b>Old Monroe Mo.</b>	
24. FUNERAL DIRECTOR <b>Kemper-Marsh Funeral Home, Troy, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-4-1961</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>	

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

APR 12 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Joseph J. Marsh*

Licensed Embalmer No. 3932

P.O. Address Troy, Missouri.

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.