

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-020580

STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 150

FILED JUL 5 1961

-1. PLACE OF DEATH a. COUNTY <u>Callaway County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>42 Yrs.</u>		c. CITY OR TOWN <u>Fulton</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>Callaway Memorial Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1045 Bluff</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Robert</u> Last <u>Emerson</u>			4. DATE OF DEATH Month <u>6</u> Day <u>27</u> Year <u>1961</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/20/1900</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>	IF UNDER 24 HR Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Super visor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Super visor</u>		11. BIRTHPLACE (City and state or country) <u>Cahetown, Africa</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>James Emerson</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen West Emerson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Ellen Emerson, Fulton, Mo.</u>		
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) <u>Bleeding duodenal ulcer</u>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
DUE TO (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) <u>Epidermoid carcinoma of anus, abdominal perineal repair, (13 days post-operative)</u>					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 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____						
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from <u>May 26, 1961</u> to <u>June 27, 1961</u> and last saw her alive on <u>June 27, 1961</u> Death occurred at <u>4:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>James K. Tuttlehuset M.D.</u>			22b. ADDRESS <u>State Hosp. #1</u>		22c. DATE SIGNED <u>6/28/61</u>	
23. BURIAL, CREMATION, REBURNIAL (Specify) <u>Cremation</u>		23b. DATE <u>6/29/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		23d. LOCATION (City, town, or county) <u>Fulton Mo.</u>
24. FUNERAL DIRECTOR <u>Chen H. Manheim</u>		ADDRESS <u>712 Court Fulton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 29-1961</u>		26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Gene C. Young

Licensed Embalmer No. 5092

P. O. Address Fulton, Va

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.