

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028050

STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 20

AMENDED

FILED JUL 19 1961

1. PLACE OF DEATH a. COUNTY Stoddard Richland Twp.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma, Mo. Rural		Length of stay in 1b: 7yr.	c. CITY OR TOWN Parma, Mo. Rural Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bell City, Mo. R. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rout Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Judy Middle Kay Last Early			4. DATE OF DEATH Month July Day 8 Year 1961
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7, 19, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School girl		10b. KIND OF BUSINESS OR INDUSTRY Poplar Bluff, Mo.	11. BIRTHPLACE (City and state or country) U.S.A.
13a. FATHER'S NAME Calvin Early		13b. MOTHER'S MAIDEN NAME Henretta C. Jamerson	14. NAME OF HUSBAND OR WIFE XXXXXX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries received in a two car collision on a country road		INTERVAL BETWEEN ONSET AND DEATH sudden
DUE TO (b) collision on a country road		
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.) Killed in a two car collision at Route P	
20c. TIME OF INJURY Hour 7:30 p.m. Month, Day, Year 7/8/61		and Y in Stoddard County.	
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.) State Road	20f. CITY, TOWN, OR LOCATION COUNTY STATE Bell City, Route 1, Richland Twp.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:30 p. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marsh Watters Coroner		22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 7/12/61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7, 13, 1961	23c. NAME OF CEMETERY OR CREMATORY City Cemetary	23d. LOCATION (City, town, or county) (State) N Poplar Bluff Mo.
24. FUNERAL DIRECTOR ADDRESS Smith Funeral Home Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. 7-14-61	26. REGISTRAR'S SIGNATURE Ms. Geo. L. Baker

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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 Fred J. Smith
Licensed Embalmer No. 4408

P. O. Address Sikeston, Mo.

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.