

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031633
STATE FILE NUMBER

360

3076

162

AMENDED

Registration District No. **FILED SEPT 2 1961**

Primary Registration District No.

Registrar's No.

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Stockton	
Length of stay in 1b. 3 1/2 hours		Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		d. STREET ADDRESS (If outside, give location) RR # 1	
Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Robert Eugene Counterman			4. DATE OF DEATH Month Day Year September 4, 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/8/1943
9. AGE (last birthday) 17		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) Armed Forces		10b. KIND OF BUSINESS OR INDUSTRY Air Corps	11. BIRTHPLACE (City and state or country) Wichita Kansas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charles E Counterman	
13b. MOTHER'S MAIDEN NAME Goldie E Griffith		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service.) yes		17. INFORMANT Address Mrs. Goldie Sierman Stockton, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd & 3rd degree burns 100% of body			INTERVAL BETWEEN ONSET AND DEATH 5 hrs.
DUE TO (b) Auto accident & burning car			
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.) Automobile accident	
20c. TIME OF INJURY Hour a.m. 5:15 Month, Day, Year 9/4/1961			
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.) Highway 54	20f. CITY, TOWN, OR LOCATION COUNTY STATE Nevada Vernon Missouri
21. I attended the deceased from 6 A.m., 9/4/1961 to 10:55 A.M. 9/4 and last saw him alive on September 4, 1961 Death occurred at Nevada, Mo. 10:55 A.m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. B. Wray, M.D.		22b. ADDRESS Moore Bldg., Nevada, Mo.	22c. DATE SIGNED 9/5/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/4/61	23c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery
23d. LOCATION (City, town, or county) (State) Stockton, Missouri		25. DATE RECD. BY LOCAL REG. Sept 6 - 1961	
24. FUNERAL DIRECTOR ADDRESS Carlton Funeral Service Stockton, Mo.		26. REGISTRAR'S SIGNATURE Arnold E Jerry	

SEP 13 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 Jerry F. Melstee

Licensed Embalmer No. 4805

P. O. Address Newark, 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.