

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

134 -61-041845
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. _____

AMENDED

FILED NOV 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Newton</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neosho</u>		Length of stay in lb <u>Few Minutes</u>		c. CITY OR TOWN <u>Goodman</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sale Memorial</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>None</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>EUGENE</u> Last <u>WASSON</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>19</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>5-22-1931</u>	9. AGE (last birthday) <u>30</u>	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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Goodman Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C.W. Wasson</u>			13b. MOTHER'S MAIDEN NAME <u>Vera Sanders</u>			14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean</u>				17. INFORMANT Address <u>C.W. Wasson Goodman, Mo.</u>			
16. 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>Skull fracture</u>						<u>30 minutes</u>	
DUE TO (b) <u>automobile dropped on head</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 16.) <u>while working underneath automobile, car slipped from supporting jacks, and frame fell on head</u>			
20c. TIME OF INJURY Hour <u>9:45</u> Month, Day, Year <u>Nov. 19, 1961</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>about home</u>		20f. CITY, TOWN, OR LOCATION <u>Goodman, McDonald, Missouri</u>			
21. I attended the deceased from <u>did not attend</u> to _____ and last saw her/him alive on _____ Death occurred at <u>10:15</u> A <u>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 L. Haddock</u> Coroner				22b. ADDRESS <u>Newton Co., Mo. 118 W. Main, Neosho, Missouri</u>		22c. DATE SIGNED <u>11-21-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Nov. 22, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Neosho Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Neosho Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Roller Funeral Home Goodman, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-20-61</u>		26. REGISTRAR'S SIGNATURE / _____	

DEC 1 1961

MS APR 20 1962

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 L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood
Wash DC

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.