

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-045903

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 167

AMENDED

FILED DEC 28 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u> | | c. CITY OR TOWN <u>Richmond</u> | |
| Length of stay in 1b <u>20 years</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>So. Camden Street</u> | | d. STREET ADDRESS (If outside, give location) <u>So. Camden Street</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Jackson</u> Last <u>Aiken</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>14</u> Year <u>1961</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-18-1881</u> |
| 9. AGE (last birthday) <u>80</u> | | IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (City and state or country) <u>South Carolina</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>James Aiken</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Docia Smith</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mollie Kreps</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>484-14-4492</u> | 17. INFORMANT <u>Tom Carter, Richmond, Missouri</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apparantly natural causes</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> | | | |
| DUE TO (c) <u></u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coroner of Ray Co. Investigated</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.) <u></u> | |
| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></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></u> | 20f. CITY, TOWN, OR LOCATION <u>Richmond</u> | COUNTY <u>Ray</u> STATE <u>Missouri</u> |
| 21. I attended the deceased from <u>?</u> to <u>?</u> and last saw her/him alive on <u>?</u> Death occurred at <u>?</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Don Buford Corcoran</u> (Degree or title) | | 22b. ADDRESS <u>Richmond, Mo</u> | 22c. DATE SIGNED <u>12-14-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-19-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Thomas J. Carter, Richmond, Mo.</u> | ADDRESS <u></u> | 25. DATE RECD. BY LOCAL REG. <u>12-18-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u> |

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 Thomas J Carter

Licensed Embalmer No. 4474

P. O. Address: Richmond, 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.