

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047455

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 471

STATE FILE NUMBER

FILED DEC 20 1963

VS 300
Rev. 4/59

1 0269
2 0260
3 1
4 0
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7 0
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11 026
12 93-0
13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in 1b <u>minutes</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Mo. Church Prison Farm</u>	
3. NAME OF DECEASED (Type or print) First <u>Roger</u> Middle <u>Clifton</u> Last <u>Casey</u>		4. DATE OF DEATH Month <u>December</u> Day <u>11</u> Year <u>1963</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-26-1945</u>	9. AGE (last birthday) <u>17</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Leroy Clifton Casey</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Lou Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of <u>no</u>)		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Leroy Casey, Jefferson City #1, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crash Injury to Head</u>					INTERVAL BETWEEN ONSET AND DEATH
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)				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.) <u>Auto Accident</u>			
20c. TIME OF INJURY Hour <u>4:30</u> Month, Day, Year <u>12-11-1963</u> p.m.		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>Highway 63</u>	
20f. CITY, TOWN, OR LOCATION <u>Jefferson City</u>		COUNTY <u>Cole</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>Dead on Arrival at St. Marys Hospital</u> last saw her alive on _____ Death occurred at <u>4:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <u>James T. Leslie, M.D.</u>			22b. ADDRESS <u>213 Jackson St. Jefferson City, Mo.</u>		22c. DATE SIGNED <u>12-19-63</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-14-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hawthorn Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>
24. FUNERAL DIRECTOR <u>Tanner Funeral Home, Jefferson City, Mo.</u>		ADDRESS <u>16 December 1963</u>		25. DATE RECD. BY LOCAL REG. <u>16 December 1963</u>	26. REGISTRAR'S SIGNATURE <u>Martha E. Richter</u>

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSISSIPPI

STATEMENT BY LICENSED EMBALMER

030

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 *Omer L. Jones*

Licensed Embalmer No. *14411*

P. O. Address *Belle Me.*

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.