

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022237

FILED JUL 13 1959

Registration District No. 227 Primary Registration District No. 5807 Registrar's No. 22

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Rand.				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union		Length of stay in 1b 27 days		c. CITY OR TOWN Moberly		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 ml. East of Middle Grove			Inside Limits <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Hiway 24 west		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alice Middle L. Last Green				4. DATE OF DEATH Month 7 Day 7 Year 1959				
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pittsfield, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William H. Keever			13b. MOTHER'S MAIDEN NAME Cynthia Westfall			14. NAME OF HUSBAND OR WIFE -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. W.H. Jones		Address Moberly		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic Myocarditis							INTERVAL BETWEEN ONSET AND DEATH 5yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis							15yr	
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 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.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Jan 10, 1956 to July 7, 1959 and last saw her alive on July 5, 1959 Death occurred at 5:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) M. Dreyer MD				22b. ADDRESS Huntsville, Mo.			22c. DATE SIGNED 7/7/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/8/59	23c. NAME OF CEMETERY OR CREMATORY Coloma Cemetery		23d. LOCATION (City, town, or county) (State) Tina, Missouri			
24. FUNERAL DIRECTOR Thompson & Mackler, Madison				25. DATE RECD. BY LOCAL REG. 7-8-59		26. REGISTRAR'S SIGNATURE F. O. Barnett M.D.		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marion E. Miller

Licensed Embalmer No. 5957

P. O. Address Moberly, 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.