

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025655

FILED VS AUG 11 1959

Registration District No. 151 Primary Registration District No. 3028 Registrar's No. 151

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Jasper</u>	
Length of stay in lb <u>5 days</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>McCune-Brooks Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>North Main Street</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Mattie</u> Middle <u>Lavina</u> Last <u>Southwick</u>			4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1959</u>			
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5. SEX <u>Female</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>11-5-1880</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Chariton County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Harvey A. Ringer</u>	13b. MOTHER'S MAIDEN NAME <u>Delila Downs</u>	14. NAME OF HUSBAND OR WIFE <u>Clyde Southwick</u>
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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> </u>	17. INFORMANT <u>Mrs. Lawrence Mitchell, Jasper, Mo.</u>	Address <u> </u>
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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>Complete heart block & syncope</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Atherosclerotic Heart Disease</u>		
DUE TO (c) <u> </u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mitral insufficiency</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u>
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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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>July 21, 1959</u> to <u>July 26, 1959</u> and last saw <u>her</u> alive on <u>July 26, 1959</u>	
Death occurred at <u>3:05</u> <u>a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <u>Richard P. Coble, M.D.</u>	22b. ADDRESS <u>116 W. Third, Carthage, Mo</u>	22c. DATE SIGNED <u>7/29/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 28, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Paradise Cemetery</u>	23d. LOCATION (City, town, or County) <u>Jasper County, Missouri.</u>
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24. FUNERAL DIRECTOR <u>Martin Selvey, Jasper, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 4, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Erinice Estrait Deputy</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 George W Newcom

Licensed Embalmer No. 4671

P. O. Address Lockwood

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.