

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026190

FILED VS AUG 12 1959 278

Registration District No. \_\_\_\_\_ Primary Registration District No. 3054 Registrar's No. 102

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>ATCHISON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA</b>		Length of stay in 1b <b>2 DAYS</b>		c. CITY OR TOWN <b>HURON</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE COUNTY HOSP.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>SARAH REBECCA ENGLISH</b>				4. DATE OF DEATH Month Day Year <b>AUGUST 9, 1959</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov 26, 1878</b>	
9. AGE (last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	
10c. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11. BIRTH PLACE (City and state or country) <b>BROWN CO. KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>JAMES BLACK</b>	
13b. MOTHER'S MAIDEN NAME <b>ELIZABETH ARMSTRONG</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM ENGLISH</b>		14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>MRS. CHAS. BUSH, LOUISIANA, MO</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ac. Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>advanced atherosclerosis &amp; hypertension</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 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 a.m. 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 <b>8/9/59</b> to <b>8/9/59</b> and last saw her/him alive on <b>8/9/59</b> Death occurred at <b>5:35 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>John P. Middleton MD</b>				22b. ADDRESS <b>Louisiana</b>		22c. DATE SIGNED <b>8/10/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>AUG 10, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>ATCHISON, KANSAS</b>	
24. FUNERAL DIRECTOR <b>GEO. M. COLLIER, LOUISIANA, MO</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>8-10-59</b>		26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 24 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

*Geo M. Call*

Licensed Embalmer No. 382

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.