

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 7 1959

59-026207

STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Pulaski.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		Length of stay in lb 6 days.		c. CITY OR TOWN Waynesville, Mo.		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) Rural Rt.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Myrtle Middle Marie Last Awtry.				4. DATE OF DEATH Month July Day 28 Year 1959				
5. SEX Female		6. COLOR OR RACE White.		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH May 18/1892		
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR				
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) Lynnville, Iowa.		
12. CITIZEN OF WHAT COUNTRY USA								
13a. FATHER'S NAME Henry Trotter.				13b. MOTHER'S MAIDEN NAME Hattie Unknown.		14. NAME OF HUSBAND OR WIFE Morgan Merle Awtry		
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. 480-10-9875		17. INFORMANT Earl M. Livingston Address Waynesville, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Cardio Vascular Stenosis DUE TO (c) 70 yrs 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)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 last 2 yrs , to 7-28-59 and last saw her alive on 7-28-59 Death occurred at 11:58 7-28-59 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. E. Nichol D.O.				22b. ADDRESS Waynesville, Missouri		22c. DATE SIGNED 7/29/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/29/59		23c. NAME OF CEMETERY OR CREMATORY Palo Alto Cemetery		23d. LOCATION (City, town, or county) (State) Newton, Iowa.		
24. FUNERAL DIRECTOR Hedges Funeral Home ADDRESS Waynesville, Mo				25. DATE RECD. BY LOCAL REG. 7-29-59		26. REGISTRAR'S SIGNATURE Emilia Spai Anderson		

(Licensed Embalmer's Statement on Reverse Side)

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

Clarence Moss

Licensed Embalmer No.

4896

P. O. Address

Waynesville

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.