

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028445

FILED VS. SEP 10 1959 # 67 Primary Registration District No. 3263 Registrar's No. 11

STATE FILE NUMBER

DOCUMENT
 MEDICAL CERTIFICATION
 AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Christian County b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linden Township Length of stay in 1b 60 Years c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rogersville, Mo Rt # 2 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Christian c. CITY OR TOWN Rogersville, Mo Rt # 2 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Rogersville, Mo Rt # " Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Edna First Glenara Middle McDaniel Last			4. DATE OF DEATH Aug, 25, 1959 Month Day Year				
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 I/2/76	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Benton Co, Kentucky U S A			
13a. FATHER'S NAME John W Freeman			13b. MOTHER'S MAIDEN NAME Amanda Chambell		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 Address George McDaniel, Rogersville, 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) Cor Pulmonale, severe DUE TO (b) Asthma & severe myopathy DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 6 mos. many yrs - (20)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) embolic accident					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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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, 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 Sept, 1945 to 25 Aug 59 and last saw her ^{him} alive on 25 Aug 59 Death occurred at 6:30 P M on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) L. D. Roper M.D.			22b. ADDRESS Ozark, Mo		22c. DATE SIGNED 28 Aug 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 27/59	23c. NAME OF CEMETERY OR CREMATORY Linden Cemetery		23d. LOCATION (City, town, or county) (State) Christian Co, Mo		
24. FUNERAL DIRECTOR ADDRESS T. B. Chaffin Ozark, Mo		25. DATE RECD. BY LOCAL REG. Sept. 1/59	26. REGISTRAR'S SIGNATURE Nannie Day				

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.