

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029760

FILED VS SEP 15 1959 206

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 149 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Davless		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson Twp.		Length of stay in lb 10yr8mo4da	c. CITY OR TOWN Plattsburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteopathic Sanatorium		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lou Middle Emma Last Read			4. DATE OF DEATH Month August Day 27 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 11/10/1868	9. AGE (last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pattonburg, Missouri	12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Samuel A. Jarrett		13b. MOTHER'S MAIDEN NAME Adeline Black		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Address Grafton Read Plattsburg, 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) Congestive Circulatory Failure DUE TO (b) Decompensated Hypertensive Heart Disease DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 5 days 1 yr 10 yrs
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 _____ 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 September, 1958 , to August, 1959 and last saw ^{her} him alive on August 27, 1959 Death occurred at 4:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. P. Perkins</i> (Degree or title)			22b. ADDRESS Macon, Missouri		22c. DATE SIGNED 8/27/59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/30/59	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetary	23d. LOCATION (City, town, or county) Coffey, Mo.		
24. FUNERAL DIRECTOR Roberson Funeral Home Plattsburg, Mo. <i>H. A. Roberson</i>		25. DATE RECD. BY LOCAL REG. 8/27/59	26. REGISTRAR'S SIGNATURE <i>Cuth McNeely</i>		

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 Charles L. Heitler

Licensed Embalmer No. 457

P. O. Address Malow

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.