URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–030038

STATE FILE NUMBER

FILED VS AUG 19 1959

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 41

NDED

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Highway #54 near Bowling Green, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cuivre Township
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pike
c. CITY OR TOWN Louisiana,
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 718 Washington St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Bertha Middle Valirea Last Love
4. DATE OF DEATH Month July Day 29 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/28/1902
9. AGE (last birthday) 56
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Louisiana, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Elijah W. Cox
13b. MOTHER'S MAIDEN NAME Fannie Catherine Holland
14. NAME OF HUSBAND OR WIFE Harvey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-05-3534
17. INFORMANT Mr. Harvey Love Address 718 Washington Louisiana, 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) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Coronary Insufficiency
INTERVAL BETWEEN ONSET AND DEATH
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 1951, to 1959 and last saw her alive on July 28th
Death occurred at 9:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. P. Hansen (Degree or title) DO
22b. ADDRESS Bowling Green, Mo.
22c. DATE SIGNED 7/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 29, 1959
23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
23d. LOCATION (City, town, or county) Pike County (State) Mo.
24. FUNERAL DIRECTOR George O. Wagner
ADDRESS Louisiana, Mo.
25. DATE RECD. BY LOCAL REG. 8-10-59
26. REGISTRAR'S SIGNATURE Bill Robinson

(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 George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana

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