

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030087

FILED VS AUG 31 1959

Registration District No. _____ Primary Registration District No. 3056 Registrar's No. 1825 STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Randolph</u> | Length of stay in 1b <u>2 days</u> | a. STATE <u>Missouri</u> | b. COUNTY <u>Chariton</u> |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> | | c. CITY OR TOWN <u>Salisbury</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>308 So. Weber Ave.</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|---------------------|-------------------|------------------|-------------------------|---------------------|---------------|------------------|
| 3. NAME OF DECEASED (Type or print) | First <u>Sirene</u> | Middle <u>- -</u> | Last <u>Mode</u> | 4. DATE OF DEATH | Month <u>August</u> | Day <u>15</u> | Year <u>1959</u> |
|---|---------------------|-------------------|------------------|-------------------------|---------------------|---------------|------------------|

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|--------------------------------|---|---|---|--|------------------------|-----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/25/1886</u> | 9. AGE (last birthday) <u>73</u> | IF UNDER 1 YEAR | IF UNDER 24 HR |
| | | | | Months | | Days |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri USA</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Samuel Field Trammel</u> | 13b. MOTHER'S MAIDEN NAME <u>Stella Meadows</u> | 14. NAME OF HUSBAND OR WIFE <u>John Mode</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>195-36-6851</u> | 17. INFORMANT <u>Mrs. Thelma Maness, Detroit, Mich.</u> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | INTERVAL BETWEEN ONSET AND DEATH <u>8-14-59</u> <u>5 yrs</u> |
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| 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | Month, Day, Year |
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|--|---|-------------------------------------|---------------|--------------|
| 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 July 18/59 to Aug 14-59 and last saw her alive on Aug 15-59
Death occurred at 9-11-59 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>W. H. Lewis M.D.</u> | (Degree or title) | 22b. ADDRESS <u>Salisbury Mo.</u> | 22c. DATE SIGNED <u>8/16-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>Aug. 19, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Salisbury, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Chas. B. Winkelmever, Salisbury, Mo.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>8-19-59</u> | 26. REGISTRAR'S SIGNATURE <u>Richard Lane</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 06 31

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

Chas B. Wilhelm

Licensed Embalmer No. *3842*

P. O. Address *Salisbury*

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.