

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033008

STATE FILE NUMBER

FILED 19 SEP 16 1959

Registration District No. 787 Primary Registration District No. 3040 Registrar's No. 226

UNRECORDED

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Caldwell					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 3 days		c. CITY OR TOWN Brayner,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susan's Nurseing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First DOVIE Middle MAE Last ROLENS				4. DATE OF DEATH Month Sept. Day 8 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 2-15-87	9. AGE (last birthday) 72	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 Own home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Joseph Crafton			13b. MOTHER'S MAIDEN NAME Rachiel Maguire			14. NAME OF HUSBAND OR WIFE d eceased			
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. 498-09-6561 a		17. INFORMANT Hugo Rolens		Address Braymer, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>Bilateral Bronchopneumonia</u>							<u>3 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>General Surgical Anesthesia</u>							<u>10 days</u>		
DUE TO (c) <u>Communited fracture right Humerus</u>									
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
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 <u>September 5, 1959</u> , to <u>September 8, 1959</u> and last saw her ^{her} _{him} alive on <u>9-7-59</u> Death occurred at <u>3:30</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Jane D. Mathewy D.O.</u>				22b. ADDRESS <u>DO Chillicothe, Mo</u>		22c. DATE SIGNED <u>9-8-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 9-8-59	23c. NAME OF CEMETERY OR CREMATORY Laurel Hills Memorial Gardens, Cem.		23d. LOCATION (City, town, or county) (State) S t. Louis County, Missouri				
24. FUNERAL DIRECTOR MEAD-PITTS		ADDRESS Braymer, Mo		25. DATE RECD. BY LOCAL REG. 9-8-59		26. REGISTRAR'S SIGNATURE Francis B Neill			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 2 1962

NOV 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John W. Pitte
Licensed Embalmer No. 5074

P. O. Address Bra ymer, 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. **ii**

If this body is not embalmed, fact should be so stated above.