

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033012

FILED VS. SEP 29 1959 187

Registration District No. 3040 Registrar's No. 2176

STATE FILE NUMBER

MEMORANDUM

1. PLACE OF DEATH a. COUNTY <u>Leinington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Leinington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		Length of stay in 1b <u>60 days</u>	c. CITY OR TOWN <u>Rural</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Susan's Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. #1-Hale, Mo.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY JANE WABBY</u>		4. DATE OF DEATH Month Day Year <u>Sept 19-1959</u>	
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>11-5-1890</u>
9. AGE (last birth day) <u>68</u>		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) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Stamwood, Iowa, U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Joseph W. Hills</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucella Bayer</u>		14. NAME OF HUSBAND OR WIFE <u>Stanley Wabby - Deceased</u>	
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>unknown</u>	17. INFORMANT <u>Stanley Wabby - R.F. - Hale, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Phlebotomiasis left foot + leg</u>			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>Nov 11 - 1952</u> to <u>Sept 19 - 59</u> and last saw her/him alive on <u>Sept 18 - 59</u> Death occurred at <u>3:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joseph F. Hale MD</u>		22b. ADDRESS <u>Chillicothe Mo</u>	22c. DATE SIGNED <u>9-21-59</u>
22d. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/21/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Whelton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Whelton Mo.</u>
24. FUNERAL DIRECTOR <u>Ronald Gordon - Chillicothe Mo.</u>		25. DATE RECD BY LOCAL REG. <u>9/21/59</u>	26. REGISTRAR'S SIGNATURE <u>Frances B. Bell</u>

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Chellico, Va.

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.