

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033242

FILED VS. OCT 5 1959 72

STATE FILE NUMBER

ENDED

Registration District No. 4398 Primary Registration District No. 4398 Registrar's No. 4398

1. PLACE OF DEATH a. COUNTY <u>Peru</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Peru</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holland</u>		Length of stay in 1b <u>7 months</u>	c. CITY OR TOWN <u>Holland</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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Frank Stoford</u>			4. DATE OF DEATH <u>9-19-59</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-27-92</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	9. AGE (last birthday) <u>67</u>
11. BIRTHPLACE (City and state or country) <u>Nashville Tenn</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Tom Stoford</u>		13b. MOTHER'S MAIDEN NAME <u>Loee Steece</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>Mrs Mary Northcutt</u>	
17. INFORMANT <u>Holland MO</u>		14. NAME OF HUSBAND OR WIFE	
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>Cancer of Liver -</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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. <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 <u>Steele</u>	COUNTY <u>Peru</u> STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:10 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jerry R. Chapman, M.D.</u> (Degree or title)		22b. ADDRESS <u>Steele, MO</u>	22c. DATE SIGNED _____
23a. BURIAL CREMATION OR FINAL DISPOSITION <u>Burial</u>	23b. DATE <u>9-20-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Met Zion</u>	23d. LOCATION (City, town, or county) (State) <u>Steele, MO</u>
24. FUNERAL DIRECTOR <u>Berman Funeral Home</u> ADDRESS <u>Steele, MO</u>		25. DATE RECD. BY LOCAL REG. <u>9-20-59</u>	26. REGISTRAR'S SIGNATURE <u>J. B. Pennington</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
or by Jim F. McClure, Student Embalmer No. 596

working under my personal supervision.

Student Jim F. McClure
Signature of Student Embalmer

Signed H. C. Deane

Licensed Embalmer No. 394

P. O. Address Caruth

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.