

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034895

FILED VS OCT 6 1959

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 336 Registrar's No. 26

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural (Bowen Twmp)</u>			Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Rural (Bowen Twmp)</u>		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own Home</u>			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) <u>12 Mi. W. of Ellington</u>		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First <u>Ida Jane</u> Middle <u>Black</u> Last				4. DATE OF DEATH Month <u>Sept</u> Day <u>19</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>9/14/1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.	
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 --		11. BIRTHPLACE (City and state or country) <u>Shannon County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William Phillips</u>			13b. MOTHER'S MAIDEN NAME <u>Synthia Rumburg</u>			14. NAME OF HUSBAND OR WIFE <u>Elmer Black</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>490-22-8900B</u> <u>500-16-7709</u>		17. INFORMANT <u>Elmer Black, Ellington, 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>Coronary thrombosis</u> DUE TO (b) <u>Arteriosclerotic heart disease</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>Immed.</u> <u>late</u> <u>2 yrs</u> <u>plus</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. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ <u>No</u>	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 <u>10-23-57</u> to <u>9-19-59</u> and last saw her <u>7-10-59</u> alive on Death occurred at <u>4 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>John F. Rutledge</u> M.D.				22b. ADDRESS <u>Crystal City, Mo.</u>		22c. DATE SIGNED <u>9-25-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/21/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pumpkin Hollow</u>		23d. LOCATION (City, town, or county) (State) <u>Ellington, Mo</u>			
24. FUNERAL DIRECTOR <u>Pewitt Funeral Home, Ellington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-5-1959</u>		26. REGISTRAR'S SIGNATURE <u>Mike Green</u>			

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

Student _____
Signature of Student Embalmer

Signed Chas S. Smith

Licensed Embalmer No. 4574

P. O. Address Elkington, Md

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.