

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035135

FILED VS OCT 22 1959

STATE FILE NUMBER

Registration District No. 12 Primary Registration District No. 403- Registrar's No. 12

ENDED

| | | | | | | | |
|---|------------------------------|---|--|---|-------------------------------------|---|-------|
| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rockville</u> | | Length of stay in 1b <u>50 years</u> | | c. CITY OR TOWN <u>Rockville</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>N.E. Part of City</u> | | 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 checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Andy</u> Middle <u>Mace</u> Last <u>Bain</u> | | | | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>14</u> Year <u>1959</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</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>Mar-1-1885</u> | 9. AGE (last birthday) <u>74</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>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Taberville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>J.C. Bain</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Fisk</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lula Bell Bain</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>-</u> | | 17. INFORMANT <u>Charles F. Bain</u> Address <u>3723 Melody Kansas City, Kansas</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> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> DUE TO (b) <u>CORONARY SCLEROSIS</u> <u>10 yrs.</u> DUE TO (c) <u>HYPERTENSION</u> <u>15 yrs.</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 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.) <u>-</u> | | | |
| 20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u> | | Month, Day, Year <u>-</u> | | | | | |
| 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>7/15/47</u> to <u>10/14/59</u> and last saw him alive on <u>10/10/59</u> Death occurred at <u>10:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>M.O. Bjerke, D.O.</u> (Degree or title) | | | | 22b. ADDRESS <u>Rockville, Mo.</u> | | 22c. DATE SIGNED <u>10/16/59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>BURIAL</u> | | 23b. DATE <u>Oct-18-1959</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Rockville Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Rockville, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Melvin L. Janssens</u> | | ADDRESS <u>Appleton City,</u> | | 25. DATE REC'D. BY LOCAL REG. <u>Oct-18-1959</u> | | 26. REGISTRAR'S SIGNATURE <u>Randall Korum</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

Melvin L. Ganssens

Licensed Embalmer No. 4525

P. O. Address Appleton, Wis.

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.