

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035961

FILED VS NOV 10 1959

133

Primary Registration District No. 3022

Registrar's No. 134

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Harrison		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		a. STATE Mo.		b. COUNTY Harrison	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Groom's Rest Home		Length of stay in 1b 84 yrs.		c. CITY OR TOWN Bethany, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS Bethany, Mo.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Bethany, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Ada		Middle Viola		Last Long		Month Day Year Nov. 6, 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 2-10-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min. 8 26		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Harrison Co. Mo.		11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Charles Porter		13b. MOTHER'S MAIDEN NAME Mary Ann Edgar		14. NAME OF HUSBAND OR WIFE Cam			
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. no		17. INFORMANT Mrs. Roy Fish Address Bethany, Missouri			
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) Hypostatic Pneumonia						48 hrs.	
DUE TO (b) Senility and Debility						5 yrs	
DUE TO (c) Diabetes Mellitus.						15 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced Arteriosclerosis						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.)			
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		COUNTY	STATE
21. I attended the deceased from 11-5-57 , to 11-6-59 and last saw xx ^{her} alive on 11-6-59 Death occurred at 3:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>S.H. Hoover</i> (Degree or title) D.O.				22b. ADDRESS Bethany, Missouri		22c. DATE SIGNED 11-7-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/8/59		23c. NAME OF CEMETERY OR CREMATORY Kidwell		23d. LOCATION (City, town, or county) (State) Martinsville, Mo.	
24. FUNERAL DIRECTOR <i>M.H. Haas</i>		ADDRESS Bethany, Mo.		25. DATE RECD. BY LOCAL REG. 11-7-1959		26. REGISTRAR'S SIGNATURE <i>Zella Mayey</i>	

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 M. B. Harris

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.

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