

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036669

FILED VS NOV 2 1959

157

Registration District No. _____ Primary Registration District No. _____

5588

Registrar's No. 199

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sarcoxie township		Length of stay in 1b 12 yrs.	c. CITY OR TOWN Sarcoxie
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home - R.F.D.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural - 1 mile east
3. NAME OF DECEASED (Type or print) First Clara Middle Belle Last Smith		4. DATE OF DEATH Month October Day 7 Year 1959	
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-15-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Barry Co., Mo.	9. AGE (last birthday) 64
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Smith		13b. MOTHER'S MAIDEN NAME Louise Hicks	
14. NAME OF HUSBAND OR WIFE Lora Melain - Sarcoxie, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Lora Melain - Sarcoxie, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH 20 hrs.
DUE TO (b) Decompensated hypertensive heart disease			5 yrs.
DUE TO (c) Arteriosclerosis -			Unk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked Debility -			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 checked="" 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	COUNTY _____ STATE _____
21. I attended the deceased from 5/29/54 to 10/7/59 and last saw her alive on 10/6/59		Death occurred at 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>R. Nordstrom, M.D.</i> (Degree or title)		22b. ADDRESS <i>Sarcoxie, Mo.</i>	22c. DATE SIGNED <i>10/7/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-9-59	23c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery	23d. LOCATION (City, town, or county) (State) Sarcoxie, Missouri
24. FUNERAL DIRECTOR W.K. Jackson - Sarcoxie, Missouri		25. DATE RECD. BY LOCAL REG. 10-9-59	26. REGISTRAR'S SIGNATURE <i>W. Clinton</i>

(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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.