

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036775

FILED VS. NOV 2 1959 175

Primary Registration District No. 3036 Registrar's No. 104

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>AURORA, MO.</u>		Length of stay in 1b		c. CITY OR TOWN <u>AURORA, MO.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>323 ROCK ST.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>323 ROCK ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>VERNA</u> Middle <u>RICE</u> Last <u>RICE</u>				4. DATE OF DEATH <u>Oct. 23 - 1959</u> Month Day Year					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</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>JUNE 14 - 1890</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>LAWRENCE</u>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>R. J. McDonald</u>			13b. MOTHER'S MAIDEN NAME <u>CHARA MCKINLEY</u>			14. NAME OF HUSBAND OR WIFE			
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>440-01-9173</u>		17. INFORMANT <u>Donna Robertson</u>		Address <u>323 Rock St. Aurora, Mo.</u>			
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) <u>Coronary thrombosis</u>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b)									
DUE TO (c)									
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		COUNTY STATE	
21. I attended the deceased from <u>after death</u> to _____ and last saw her/him alive on _____ Death occurred at <u>3 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>A. P. Lopette M.D.</u> (Degree or title)				22b. ADDRESS <u>Aurora, Mo.</u>				22c. DATE SIGNED <u>10-24-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-27-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rosehill</u>			23d. LOCATION (City, town, or county) (State) <u>Ola. City, Oklahoma.</u>			
24. FUNERAL DIRECTOR <u>Osma L. Marsh, Aurora, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>10-28-1959</u>		26. REGISTRAR'S SIGNATURE <u>Osma McRatt</u>			

(Licensed Embelmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6661 & AON SAT

**STATEMENT BY LICENSED EMBALMER**

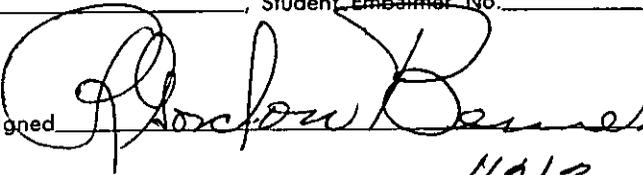
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by , Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4213

P. O. Address Monett

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.