

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036848

FILED VS OCT 19 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 84-59 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pineville</b>	Length of stay in 1b <b>60 yr</b>	c. CITY OR TOWN <b>Pineville</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>FANNIE</b> Middle <b>FRANCIS</b> Last <b>BUSH</b>			4. DATE OF DEATH Month <b>10</b> Day <b>6</b> Year <b>1959</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-14-1872</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>22</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>JAMES</b>		11. BIRTHPLACE (City and state or country) <b>Greasy, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S</b>
13a. FATHER'S NAME <b>JAMES Chifford</b>		13b. MOTHER'S MAIDEN NAME <b>Livigdown</b>		14. NAME OF HUSBAND OR WIFE <b></b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT <b>FRANCES RICKMAN - Pineville, Mo.</b>		Address

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)	<b>Hydrostatic PNEUMONIA</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Passive Congestion</b>	
DUE TO (b)	<b>Myocardial Dicompenstation</b>	
DUE TO (c)	<b>Senility</b>	
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.)	
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 checked="" 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 _____ to <b>10-6-59</b> and last saw her <input checked="" type="checkbox"/> alive on <b>10-6-59</b>		
Death occurred at <b>6:15</b> <b>P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>W. White</b>	22b. ADDRESS <b>Pineville, Mo.</b>	22c. DATE SIGNED <b>10-14-59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-9-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pineville CEM</b>	23d. LOCATION (City, town, or county) (State) <b>Pineville, Mo</b>
24. FUNERAL DIRECTOR <b>Humphrey + Son</b>		25. DATE RECD. BY LOCAL REG. <b>10-14-59</b>	26. REGISTRAR'S SIGNATURE <b>Mary Ch Bradley</b>

(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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, 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.