

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 12 1959 278

59-037150

STATE FILE NUMBER 130

Registration District No. Primary Registration District No. 3054 Registrar's No.

UNDECEASED

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA.		c. CITY OR TOWNSHIP LOUISIANA	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 270 N 5th St.	
c. FULL NAME OF HOSPITAL OR INSTITUTION PIKE CO HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First: ANNIE Middle: JACOBY Last: LAFFERTY			4. DATE OF DEATH Month: NOV. Day: 3 Year: 59		
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5. SEX FEMALE	6. COLOR OR RACE WH	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-23-1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months: Days: Hours: Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life (if retired)) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) PAYNESVILLE MO	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME WILLIAM OWEN	13b. MOTHER'S MAIDEN NAME CARRIE SPENCER	14. NAME OF HUSBAND OR WIFE
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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. NONE	17. INFORMANT ALBERT LAFFERTY OKLA. CITY, OKLA.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septic-Cardiac + Renal Failure		INTERVAL BETWEEN ONSET AND DEATH 2 mo
DUE TO (b) Arteriosclerotic Hypertensive Cardi-vascular Disease		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) CVA left sided hemiparesis - (2) protracted Rt sup 3/30/59		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell in home
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20c. TIME OF INJURY Hour: a.m. p.m. Month, Day, Year 3-30-59	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.) home	20f. CITY, TOWN, OR LOCATION Louisiana	COUNTY Pike	STATE Missouri
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21. I attended the deceased from 1952 to 11/3/59 and last saw her ^{him} alive on 11/2/59 Death occurred at 7:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Chas H Lummel	M.D.	22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 11-4-59
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23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL	23b. DATE NOV 4-59	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW-CEM. LOUISIANA, MO.	23d. LOCATION (City, town, or county) (State) MO.
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24. FUNERAL DIRECTOR COLLECT-FUNERAL SERVICE	ADDRESS LOUISIANA MO.	25. DATE RECD. BY LOCAL REG. Nov. 4/1959	26. REGISTRAR'S SIGNATURE Bernice Collier
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(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 _____

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.