

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039353

FILED VS DEC 10 1959

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 2012 Registrar's No. 102

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Clay</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		c. CITY OR TOWN <u>Carrollton</u>	
Length of stay in 1b <u>9 yrs.</u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>637. North Main</u>		d. STREET ADDRESS (If outside, give location) <u>201 East Bowen.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Adeline</u> Middle <u>Triggers.</u> Last <u>Triggers.</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>31.</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro.</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>May 10 1864</u>	9. AGE (last birthday) <u>95</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>House work.</u>	11. BIRTHPLACE (City and state or country) <u>Ray County</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jefferson Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Clark.</u>		14. NAME OF HUSBAND OR WIFE <u>George Triggers.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Lucille Green Excelsior Springs</u> 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) <u>Congestive heart failure</u>						<u>sev. mos</u>	
DUE TO (b) <u>arteriosclerosis</u>							
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 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 <u>6:30 a.m.</u> Month, Day, Year <u>Oct. 26, 1959</u>		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>Oct. 26, 1959</u> to <u>Oct. 31, 1959</u> and last saw him alive on <u>Oct. 31, 1959</u>				Death occurred at <u>6:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. D. Cracken</u> (Degree or title)				22b. ADDRESS <u>M. D. Excelsior Springs, Mo.</u>		22c. DATE SIGNED <u>12/3/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 3, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>African out Hill.</u>		23d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>		
24. FUNERAL DIRECTOR <u>Marshall F. Home</u> ADDRESS <u>Carrollton Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>12/4/59</u>		26. REGISTRAR'S SIGNATURE <u>Barline Hutchings</u>		

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 R.M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton

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.