

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. NOV 18 1959 **366**

**59-043168**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **82**

INDEXED

1-11-60  
1-11-60

Sherman Province  
Miria Means

William Province  
Marie Means

13a  
13b

DOCUMENT Lead Belt News, Flat River, Mo.  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF funeral director

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Washington</b>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Irondale.</b>		Length of stay in 1b <b>83 yrs.</b>		c. CITY OR TOWN <b>Irondale</b>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at his home</b>		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 checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First <b>Charles</b>		Middle <b>O.</b>		Last <b>Province</b>		Month <b>Nov.</b> Day <b>5</b> Year <b>1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</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>6/20/76</b>	9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Irondale, Mo.</b>		Months	Days
13a. FATHER'S NAME <b>William Province</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Means</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Forshee Province</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Chester Province (son)</b> Address <b>Irondale, Mo.</b>			
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>Bacterial enteritis</b>						<b>8 days</b>	
DUE TO (b) <b>Type not known</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) <b>Hypertensive Cardiovascular disease</b>						PART III. If deceased was female was breast-feeding 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 <b>11/2/59</b> to <b>11/5/59</b> and last saw <sup>her</sup> him alive on <b>11/4/59</b> Death occurred at <b>7A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>John W. Hunt Jr. MD</b> (Type or title)				22b. ADDRESS <b>Leadwood Mo</b>		22c. DATE SIGNED <b>11/6/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Nov. 7, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hopewell Cemetery</b>		23d. LOCATION (City, town, or county) <b>near Irondale, Mo.</b>	
24. FUNERAL DIRECTOR <b>Alvin W. Hood, 303 Crane St., Flat River, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>11/13/59</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

MS JAN 1 1960

MS NOV 20 1959

MS DEC 4 1959

**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 Albert W. Hood

Licensed Embalmer No. 2780

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.