

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 12 1960

'59 0 4 4 0 5 8

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>		Length of stay in 1b <u>2 wks</u>	c. CITY OR TOWN <u>Ellington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>-</u> Last <u>BLACK</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>27</u> Year <u>1959</u>			
---	--	--	---	--	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-14-1880</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------	---------------------------	---	-----------------------------------	----------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Reynolds County, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>William Black</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Chitwood</u>	14. NAME OF HUSBAND OR WIFE <u>Mary M. Black</u>
---	---	--

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>NONE</u>	17. INFORMANT <u>Mary M. Black, Ellington, Mo</u> Address
--	-------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u>
DUE TO (b)		
DUE TO (c) <u>Lobar Pneumonia</u>		<u>14 Days</u>

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No 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>12-20-59</u> to <u>12-27-59</u> and last saw him live on <u>12-27-59</u> Death occurred at <u>Ironton, Mo</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>George H. Gray M.D.</u> (Degree or title)	22b. ADDRESS <u>Ironton, Mo</u>	22c. DATE SIGNED <u>1-4-60</u> (State)
---	---------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chitwood Cemetery</u>	23d. LOCATION (City, town, or county) <u>Reynolds County, Mo</u>
---	---------------------------	---	--

24. FUNERAL DIRECTOR <u>Rev. H. Funeral Home, Ellington, Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-4-60</u>	26. REGISTRAR'S SIGNATURE <u>Ma Avis Jones</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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chris S. Penatt

Licensed Embalmer No. 4574

P. O. Address Ellington,

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.