

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 44 7 1 8

FILED VS DEC 23 1959

187

Registration District No. Primary Registration District No. Registrar's No. 217 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Richhill Twp.		Length of stay in 1b 55 yrs.	c. CITY OR TOWN Rural Richhill Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile n. Chillicothe		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 mile n. Chillicothe Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EDGAR Middle CANNING Last SEFTON			4. DATE OF DEATH Month December Day 17 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-1868	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Saxonburg, Penna.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Sefton		13b. MOTHER'S MAIDEN NAME Mary Ann -- Trall Unknown		14. NAME OF HUSBAND OR WIFE Mary Eva Weaver		
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 Address Trall Sefton - R#5 Chillicothe, Mo.			

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)	CONGESTIVE HEART FAILURE	6 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTERIAL SCLEROSIS	10 YEARS
	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	
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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 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 **1947** to **DEC. 16 1959** and last saw ^{her}him alive on **DEC. 16 1959**
Death occurred at **THREE** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lloyd M Perkins D.C.		22b. ADDRESS Chillicothe Mo	22c. DATE SIGNED 12-18-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-19-59	23c. NAME OF CEMETERY OR CREMATORY Edgewood	23d. LOCATION (City, town, or county) (State) Chillicothe, Mo.

24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home-Chillicothe,	25. DATE RECD. BY LOCAL REG. 12-18-59	26. REGISTRAR'S SIGNATURE Frances B Neill
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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 Edwin Norman
Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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.