

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000155

FILED VS FEB 1 1960 31

Registration District No. _____ Primary Registration District No. **5107** Registrar's No. **2** STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY Benton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN White Township		Length of stay in 1b 15 mos		c. CITY OR TOWN Lincoln Rt 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mile S.E. of Lincoln			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 1/2 mile S.E. of Lincoln		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Eva June Fisher				4. DATE OF DEATH Month Jan Day 23 Year 1960			
5. SEX Female	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 6/17/1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months 7 Days 6	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Kansas City, mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edgar W. Leftwich			13b. MOTHER'S MAIDEN NAME Dora Bennett		14. NAME OF HUSBAND OR WIFE Deceased		
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 Margaret Mc Bee Address Lincoln, mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulator Failure						INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Decompensated Hypertrophic Heart Disease 10 yrs	
						DUE TO (c) Obesity 20 yr	
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 Month, Day, Year a.m. p.m. 		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 Dead on arrival to xxx and last saw ^{her} / _{him} alive on xxx Death occurred at 5:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Eusselady DO (Degree or title)				22b. ADDRESS Warsaw, Mo.		22c. DATE SIGNED 1-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 25, 1960	23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		23d. LOCATION (City, town, or county) (State) Lincoln mo		
24. FUNERAL DIRECTOR Fred Davis & Son ADDRESS Lincoln			25. DATE RECD. BY LOCAL REG. Jan 25, 1960		26. REGISTRAR'S SIGNATURE E.H. Piddow		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0987

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 *Ben W. Parton*
Licensed Embalmer No. 4021

P. O. Address *Wyzar, Ky*

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.