

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000480

FILED VS. JAN 15 1960 4/3

Registration District No. 3007 Primary Registration District No. 20 Registrar's No. 20

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Neelyville	
Length of stay in 1b 2 weeks		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		d. STREET ADDRESS (If outside, give location) Rural	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARY Middle TENNESSEE Last RAMSEY			4. DATE OF DEATH Month January Day 4 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 4/18/81	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife Retired		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Dixon, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Lydil Parke Bacon		13b. MOTHER'S MAIDEN NAME Cumi Chrismen	
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 Mrs. Daisy Smith, Naylor, Mo		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) Heart failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery disease		
DUE TO (c) Arteriosclerosis		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus		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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 12-21-59 to 1-4-60	COUNTY 1-4-60	STATE
21. I attended the deceased from 12-21-59 to 1-4-60 and last saw her/him alive on 1-4-60 . Death occurred at 4:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Dorothy M. Naylor</i> (Degree or title)	22b. ADDRESS 621 Pine Blvd., Poplar Bluff Mo	22c. DATE SIGNED 1-6-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/8/1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
24. FUNERAL DIRECTOR Edwards-Parrent	ADDRESS Naylor, Mo.	25. DATE RECD BY LOCAL REG. 1/9/60	26. REGISTRAR'S SIGNATURE <i>Dorothy M. Naylor</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 27 1960

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 Gene H. Parson

Licensed Embalmer No. 480

P. O. Address Taylor

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.