

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000689
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STATE FILE NUMBER

FILED VS. JAN 20 1960

69 Primary Registration District No. 4121 Registrar's No. 1

DED

1. PLACE OF DEATH a. COUNTY <i>Christian</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Christian</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Billings</i>		Length of stay in 1b <i>40 years</i>		c. CITY OR TOWN <i>Billings</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>no street address</i>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Earl</i> Middle <i>House</i> Last <i>House</i>				4. DATE OF DEATH Month <i>January</i> Day <i>8</i> Year <i>1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>March 23, 1889</i>	9. AGE (last birthday) <i>70</i>	IF UNDER 1 YEAR Months <i>70</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labor Foreman</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Frisco Railroad</i>		11. BIRTHPLACE (City and state or country) <i>Republic, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>James House</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Ann Baldwin</i>			14. NAME OF HUSBAND OR WIFE <i>Ollie G. Ferguson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>702 03 9528</i>		17. INFORMANT <i>James C. House, Billings, Missouri</i> Address			
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) <i>Coronary occlusion</i>							
DUE TO (b) <i>Arteriosclerosis</i>							
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	
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 <i>Jan. 1, 1960</i> to <i>Jan. 8, 1960</i> and last saw ^{her} him alive on <i>Jan. 4, 1960</i> Death occurred at <i>12:30</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>R. W. Marshall, D.O.</i>				22b. ADDRESS <i>Billings, Missouri</i>		22c. DATE SIGNED <i>1-9-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1/10/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Evergreen Cemetery</i>		23d. LOCATION (City, town, or county) <i>Republic, Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>J. Dean Harris,</i> ADDRESS <i>Clever, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>Jan. 15, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Oline Hutter</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB

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 J. Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clover, 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.