

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000758

FILED VS FEB 15 1960 *77*

STATE FILE NUMBER

Registration District No. *3016* Primary Registration District No. *41* Registrar's No.

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 413 E. McCarty	

3. NAME OF DECEASED (Type or print) First Catherine Middle — Last Cleary			4. DATE OF DEATH Feb. 6, 1960		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/22/1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 10 Days 11 Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stegnopner		10b. KIND OF BUSINESS OR INDUSTRY office		11. BIRTHPLACE (City and state or country) Camden Co, Mo.	
13a. FATHER'S NAME Edward Cleary		13b. MOTHER'S MAIDEN NAME Laura Boehm		14. NAME OF HUSBAND OR WIFE none	
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 Wm. Cleary Booneville 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) Terminal Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Parasitosis			
DUE TO (c) Endocarditis of Aortic Valve			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recurrent of Oldie 1959			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 — 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 Booneville Mo	COUNTY Booneville Mo	STATE Mo
21. I attended the deceased from Oct 1959 to Feb 6, 1960 and last saw her on Feb 6, 1960 . Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Jefferson City Mo		22c. DATE SIGNED Feb 6, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) removal-burial	23b. DATE 2/9/60	23c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul	23d. LOCATION (City, town, or county) Booneville Mo
24. FUNERAL DIRECTOR Berrey Thatcher		25. DATE RECD. BY LOCAL REG. Booneville, Mo 6 February 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

03

FEB 19 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 James E. Eyward

Licensed Embalmer No. 4978

P. O. Address Jeff City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.