

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1960

STATE FILE NUMBER

Registration District No. 15-116 Primary Registration District No. 3020 Registrar's No. 17

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>FRANKLIN</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>WASHINGTON</b>		c. CITY OR TOWN <b>SULLIVAN</b>		d. STREET ADDRESS (If outside, give location) <b>429 W. SPRINGFIELD</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>WASHINGTON</b>		Length of stay in 1b <b>2 WKS.</b>		c. CITY OR TOWN <b>SULLIVAN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>ST. FRANCIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>429 W. SPRINGFIELD</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH			
First <b>GERTRUDE</b>		Middle <b>M.</b>		Last <b>WATSON</b>		Date <b>JAN. 16 1960</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>JUNE 9, 1924</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		9. AGE (last birthday) <b>65</b>		11. BIRTHPLACE (City and state or country) <b>PITTSBURGH, PA.</b>	
13a. FATHER'S NAME <b>GEORGE WALKER</b>		13b. MOTHER'S MAIDEN NAME <b>CHRISTINE GOLDSMITH</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>COTTER J. WATSON, SULLIVAN, MO.</b>			
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) <b>Acute Coronary Closure</b>						30 min.	
DUE TO (b) <b>Coronary Thrombosis</b>							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Leiomyosarcoma intestinal</b>						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		COUNTY STATE	
21. I attended the deceased from <b>1946</b> to <b>1/16/60</b> and last saw her/him alive on <b>1/16/60</b> Death occurred at <b>8:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>John J. Delatore</b>				22b. ADDRESS <b>Sullivan, Mo</b>		22c. DATE SIGNED <b>1/18/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>1-20-60</b>		23c. NAME OF CEMETERY OR BURIAL PLACE <b>CALVARY</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>	
24. FUNERAL DIRECTOR <b>H. M. EATON, SULLIVAN, MO</b>				25. DATE RECD. BY LOCAL REG. <b>1/19/60</b>		26. REGISTRAR'S SIGNATURE <b>J. P. Williams</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 29 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

~~by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Harrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan

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