

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001312

FILED VS JAN 25 1960

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY HOWELL				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS		Length of stay in 1b hrs.		c. CITY OR TOWN WEST PLAINS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 717 WORCESTER		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last AGNES SAPHRONA CARNES				4. DATE OF DEATH Month Day Year 1-8-60				
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-3-1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) MICHIGAN		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME AUGUST SUKOW			13b. MOTHER'S MAIDEN NAME MAGDALENA SCHULTZ		14. NAME OF HUSBAND OR WIFE X		X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X			16. SOCIAL SECURITY NO. X		17. INFORMANT RUPY PARKER, HOUSTON, TEXAS.		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) Pulmonary edema							INTERVAL BETWEEN ONSET AND DEATH 30 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease							3 years	
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 8/23/55 to 1/8/60 and last saw her alive on 1/8/60 Death occurred at 5:40P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) M.L. Fowler MD				22b. ADDRESS West Plains Mo			22c. DATE SIGNED 1/11/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 1-10-60	23c. NAME OF CEMETERY OR CREMATORY EVERGREEN		23d. LOCATION (City, town, or county) WEST PLAINS, MO (State)				
24. FUNERAL DIRECTOR ROBERTSONS, WEST PLAINS, MO			25. DATE RECD. BY LOCAL REG. 1-18-60		26. REGISTRAR'S SIGNATURE Beatrice Cook			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. S. Roberts

Licensed Embalmer No. 343

P. O. Address West

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.