

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001317

FILED VS FEB 2 1960

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 14

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>HOWELL</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEST PLAINS</u>		c. CITY OR TOWN <u>WEST PLAINS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <u>80</u>		d. STREET ADDRESS (If outside, give location) <u>320 S. HILL</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>HARVEY LEANDER</u>		Middle <u>ROUNTREE</u>		Last <u></u>		Month <u>1-16-60</u> Day <u></u> Year <u></u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-10-77</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED STATION OPERATOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>FRANKFORT, ILL.</u>	Months	Days	Hours
12. CITIZEN OF WHAT COUNTRY <u></u>				13a. FATHER'S NAME <u>J. O. ROUNTREE</u>			
13b. MOTHER'S MAIDEN NAME <u>ELIZA JANE TAYLOR</u>				14. NAME OF HUSBAND OR WIFE <u>MARGARET ROUNTREE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Y</u>		16. SOCIAL SECURITY NO. <u>Y</u>		17. INFORMANT <u>MRS. H. L. ROUNTREE, WEST PLAINS, MO.</u>			
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 <u>10.</u>
IMMEDIATE CAUSE (a) <u></u>							
DUE TO (b) <u>4 days illness</u>							
DUE TO (c) <u>(Religion) against doctor.</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>					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 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.) <u></u>					
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u>	STATE <u></u>			
21. I attended the deceased from <u>4:30 AM</u> to <u></u> and last saw her/him alive on <u></u> . Death occurred at <u>4:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Beatrice Cook Registrar</u> (Degree or title)			22b. ADDRESS <u>West Plains mo</u>			22c. DATE SIGNED <u>1-26-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>1-19-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN</u>	23d. LOCATION (City, town, or county) <u>WEST PLAINS, MO</u>			(State)	
24. FUNERAL DIRECTOR <u>ROBERTSONS, WEST PLAINS, MO</u>			25. DATE RECD. BY LOCAL REG. <u>1-26-60</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 1960

MAY 4 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 *A. K. Roberts*

Licensed Embalmer No. 343

P. O. Address *West Hill*

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