

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002309

FILED VS. FEB 2 1960

Registration District No. 170 Primary Registration District No. _____ Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Leckede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DOVE-ELDRIDGE-TS 10 Mo</u>		c. CITY OR TOWN <u>ELDON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>ELDON</u>	

3. NAME OF DECEASED (Type or print) First <u>Becca</u> Middle <u>ANN</u> Last <u>Wilson</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>28</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>24 MAR 1874 - 85</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>		11. BIRTHPLACE (City and state or country) <u>MILLER-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William-Bond</u>		13b. MOTHER'S MAIDEN NAME <u>JANE-STARLING</u>		14. NAME OF HUSBAND OR WIFE <u>William-Wilson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>GENEVA-VERNON-ELDON-Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PNEUMONIA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH 2 days

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
NONE

20c. TIME OF INJURY Hour _____ Month, Day, Year _____
a.m. _____ p.m. NONE

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE

20f. CITY, TOWN, OR LOCATION COUNTY STATE
NONE

21. I attended the deceased from _____ to Jan. 28, 1960 and last saw her alive on Jan. 28, 1960
Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title)
Dr. Carrington M.D.

22b. ADDRESS
Lebanon-Mo

22c. DATE SIGNED
29 JAN-60

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
31 JAN-1960

23c. NAME OF CEMETERY OR CREMATORY
ALLEN

23d. LOCATION (City, town, or county) (State)
MILLER-Co-Mo

24. FUNERAL DIRECTOR ADDRESS
Keith McKay, Eldon-Mo

25. DATE RECD. BY LOCAL REG.
1-29-1960

26. REGISTRAR'S SIGNATURE
Hella L. Gray

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 7

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.