

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002385

FILED VS. FEB. 9 1960 178

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **13**

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lewis	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Williamstown	a. STATE Missouri	b. COUNTY Lewis
Length of stay in 1b Life		c. CITY OR TOWN Williamstown	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS Williamstown, Mo.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Nan	Middle -	Last English	4. DATE OF DEATH	Month Febr.	Day 4,	Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-7-1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Lewis County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Ragan	13b. MOTHER'S MAIDEN NAME Minerva Hamilton	14. NAME OF HUSBAND OR WIFE George F. English
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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 Hurley English, Wmtown, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of The mesentary	INTERVAL BETWEEN ONSET AND DEATH 2 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)	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
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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.)
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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 _____
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21. I attended the deceased from **Jan. 1958** to **Feb. 4, 1960** and last saw her alive on **Feb. 4, 1960**
Death occurred at **1:45 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. C.E. Todd	(Degree or title) Do	22b. ADDRESS Williamstown	22c. DATE SIGNED 2/4/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-6-1960	23c. NAME OF CEMETERY OR CREMATORY Providence Cemetery	23d. LOCATION (City, town, or county) Lewis County, Missouri
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FUNERAL DIRECTOR Carl H. Buckley, Canton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-6-'60	26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd
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(Licensed Embalmer's Statement on Reverse Side)

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

Earl H. Barkley

Licensed Embalmer No. 7615

P. O. Address Canton,

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.