

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-002463**

**FILED VS JAN 20 1966**

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. \_\_\_\_\_ Registrar's No. 6-60

INDEXED

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>McDonald</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Noel</b>		Length of stay in 1b <b>65 yrs</b>		c. CITY OR TOWN <b>Noel</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Bertha</b> Middle <b>Magnola</b> Last <b>Viles</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>10</b> Year <b>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>12-8-1879</b>	9. AGE (last birthday) <b>80</b>	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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Bentonville, Ark.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Frank Russell</b>			13b. MOTHER'S MAIDEN NAME <b>Cynthia Ann Vandergriff</b>			14. NAME OF HUSBAND OR WIFE <b>Amos L. Viles</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 Address <b>Amos E. Viles Noel, Missouri</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hydrostatic Pneuonia</b> DUE TO (b) <b>Uremic Poisoning</b> DUE TO (c) <b>Nephritis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Nephritic Calculi</b>							INTERVAL BETWEEN ONSET AND DEATH		
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 <u>1953</u> to <u>Jan 10, 1960</u> and last saw her alive on <u>1-10-60</u> Death occurred at <u>5:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>W. M. ...</i>				22b. ADDRESS <b>Parisville, Mo.</b>			22c. DATE SIGNED <b>1-12-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-12-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Noel Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Noel, Missouri</b>				
24. FUNERAL DIRECTOR, ADDRESS <i>W. M. ... Mo.</i>				25. DATE RECD. BY LOCAL REG. <b>1-12-60</b>		26. REGISTRAR'S SIGNATURE <i>Mary A. Bradley</i>			

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James Kenneth Pur  
Licensed Embalmer No. 4767  
P. O. Address Wheaton

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.