

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002687

LED VS JAN 15 1960

Registration District No. 257 Primary Registration District No. 4389 Registrar's No. 5

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN		Length of stay in 1b LIFE		c. CITY OR TOWN LINN		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 her home			Inside Limits Yes <input 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 ANNA Middle LOWISE Last GOVE				4. DATE OF DEATH Month JAN. Day 9 Year 1960							
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 9/3/1867	9. AGE (last birthday) 92	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) house wife			10b. KIND OF BUSINESS OR INDUSTRY homemaker		11. BIRTHPLACE (City and state or country) Linn Mo		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Sam Mosby			13b. MOTHER'S MAIDEN NAME Mary Patty			14. NAME OF HUSBAND OR WIFE August Gove (Dec)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (fb)		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs Ray McDaniel		Address Linn Mo					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Atherosclerotic heart disease - acute congestive failure DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture l. hip 8 mos ago. (no op.)						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.)							
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 checked="" 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 1-6-60 to 1-8-60 and last saw her alive on 1-7-60 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Dr. J. W. Baldwin D.O.				22b. ADDRESS Linn				22c. DATE SIGNED 1-11-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/12/60		23c. NAME OF CEMETERY OR CREMATORY Linn Public Cemetery			23d. LOCATION (City, town, or county) (State) Linn MO				
24. FUNERAL DIRECTOR Clyde Morton			ADDRESS Linn Mo		25. DATE RECD. BY LOCAL REG. 1-12-60		26. REGISTRAR'S SIGNATURE Mrs. Clyde Morton				

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 Version M. Morton

Licensed Embalmer No. 4125

P. O. Address Lincoln

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.