

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002756

FILED VS JAN 25 1960

274

Primary Registration District No. 3052

Registrar's No. 28

STATE FILE NUMBER

INDEXED

| | | | | | | | | | | |
|--|--|---|--|---|--|--|---|---|---------|--|
| 1. PLACE OF DEATH a. COUNTY Pettis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | Length of stay in lb 74 yrs. | | c. CITY OR TOWN Sedalia | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Resthaven Nursing Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1911 S. Lamine | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First MARY Middle LOUISE Last ALMQUIST | | | | 4. DATE OF DEATH Month January Day 19 Year 1960 | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Mar. 18, 1872 | | 9. AGE (last birthday) 87 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress | | 10b. KIND OF BUSINESS OR INDUSTRY Clothing Alterations | | 11. BIRTHPLACE (City and state or country) Lawrence, Kansas | | 12. CITIZEN OF WHAT COUNTRY USA | | IF UNDER 1 YEAR Months Days Hours Min. | | |
| 13a. FATHER'S NAME Peter Almquist | | | 13b. MOTHER'S MAIDEN NAME Matilda L. Chalman | | | 14. NAME OF HUSBAND OR WIFE --- | | | | |
| 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 Miss Louise Almquist, Sedalia, Mo. | | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO (b) Chronic Endocarditis 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) | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 11-28-55 to 1-19-60 and last saw her alive on 1-19-60 Death occurred at 9:55 P. m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | |
| 22a. SIGNATURE Old Boyer M.D. | | | | 22b. ADDRESS Sedalia, Mo. | | | | 22c. DATE SIGNED 1-20-60 | | |
| 23a. BURIAL CREATION, REMOVAL (Specify) Burial | | 23b. DATE JAN June 21, 1960 | | 23c. NAME OF CEMETERY OR CREMATORY Crown Hill | | 23d. LOCATION (City, town, or county) Sedalia, Missouri | | (State) | | |
| 24. FUNERAL DIRECTOR D. W. HECKART, Sedalia, Missouri | | | | 25. DATE RECD. BY LOCAL REG. 1-21-60 | | 26. REGISTRAR'S SIGNATURE Frances Shelby | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN

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

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo.

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.