

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS FEB 10 1960

68-002976
 60

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 10 STATE FILE NUMBER

DED
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY RIPLY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DONIPHAN		Length of stay in 1b 2 weeks	c. CITY OR TOWN THAYER,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MADIE Middle NAEMI Last LAWSON			4. DATE OF DEATH Month FEB. Day 3, Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-28-1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) GALLIPOLIS, OHIO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME NEWTON FRY		13b. MOTHER'S MAIDEN NAME EMMA PROSE		14. NAME OF HUSBAND OR WIFE DECEASED		
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 EMMA MAE BECTHEL THAYER, MISSOURI 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) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH 10 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease					6 months	
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		
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 January 16, 1960 , to Feb 3, 1960 and last saw her live on Jan 28, 1960 Death occurred at 9:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Frank Johnson MD			22b. ADDRESS Doniphan, Mo		22c. DATE SIGNED 2/4/66	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-5-60	23c. NAME OF CEMETERY OR CREMATORY THAYER		23d. LOCATION (City, town, or county) THAYER, MISSOURI (State)		
24. FUNERAL DIRECTOR CARTER FUNERAL HOME THAYER, MO. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 2-4-60	26. REGISTRAR'S SIGNATURE Flora Broz			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Douglas P. German

Licensed Embalmer No. 5037

P.O. Address West Plains

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.

FEB 19 1960