

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003362

FILED VS JAN 29 1960

Registration District No. _____ Primary Registration District No. _____ Registrar **2 632** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		a. STATE Missouri	b. COUNTY Newton
c. FULL NAME OF (If NO name of HOSPITAL OR INSTITUTION) BARNES HOSPITAL		c. CITY OR TOWN Ritchey	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BEN Middle NMN Last ENGLISH			4. DATE OF DEATH Month JANUARY Day 15 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/10/1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Employee		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad	11. BIRTHPLACE (City and state or country) Fairland, Oklahoma.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME W. H. English		13b. MOTHER'S MAIDEN NAME Angeline Friend		14. NAME OF HUSBAND OR WIFE Minnie English	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. 702-03-7650	17. INFORMANT Address Mrs. Minnie English, Ritchey, Missouri.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Aortic embolus**

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) **Arteriosclerotic Heart Disease**

DUE TO (c) **420.0**

INTERVAL BETWEEN ONSET AND DEATH
24 hrs.

Unknown

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 **Jan. 15, 1960** to **JAN. 15, 1960** and last saw her alive on **JAN. 15, 1960**
Death occurred at **8:20 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harvey R. Bullock Jr. M.D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 1/16/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/19/60	23c. NAME OF CEMETERY OR CREMATORY Newtonia, I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) Newtonia, Missouri.
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24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington	25. DATE RECD. BY LOCAL REG. JAN 19 1960	26. REGISTRAR'S SIGNATURE Earl Smith M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATE OF MISSOURI

FEB 11 1960

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.