

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004757

FILED VS FEB 1 1960

STATE FILE NUMBER

Registration District No. 237 Primary Registration District No. _____ Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville		Length of stay in 1b 8 Months	c. CITY OR TOWN Shelbina Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Pleasant Hill Nurseing		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 Amanda Middle Pearl Last Wood			4. DATE OF DEATH Month Jan Day 20th 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 3/2/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 10 Days 18 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Receptionist		10b. KIND OF BUSINESS OR INDUSTRY Drs Receptionist		11. BIRTHPLACE (City and state or country) Shelby Co Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Adolphus G Wood		13b. MOTHER'S MAIDEN NAME Mary L Mitchell	
14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		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. <input checked="" type="checkbox"/>	
17. INFORMANT Mrs Irene Smith		Address Shelbina 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) Arterio Sclerosis (Cerebral) Died rather suddenly and unexpectedly DUE TO (b) _____ DUE TO (c) _____		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 Shelbina Mo	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE P. G. Beckler M.D.	(Degree or title)	22b. ADDRESS Shelbyville, Mo	22c. DATE SIGNED 1-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 22nd 1960	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) shelbina Mo
24. FUNERAL DIRECTOR Barkeley & Davis	ADDRESS Shelbina Mo	25. DATE RECD. BY LOCAL REG. 1-28-60	26. REGISTRAR'S SIGNATURE Ada Garrison

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 _____

Licensed Embalmer No. 3835
P. O. Address Derry, N.H.

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.