

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1960

-60-004834

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 16 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		Length of stay in 1b 2 weeks		c. CITY OR TOWN Bronaugh, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Tates Nursing Home				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural		
3. NAME OF DECEASED (Type or print) First Emma Middle T. Last Baker				4. DATE OF DEATH Month Jan. Day 30 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 6-30-1874		
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 7 Yrs 0		IF UNDER 24 HR Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Vernon County Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Luke H. Skags			13b. MOTHER'S MAIDEN NAME Susan Hope			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 none			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Bronaugh, Mo. Mrs. Eva Sue Clark, Daughter, Rural			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure							INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cor-Pulmonale							Unknown	
DUE TO (c) Chronic Bronchiectasis & Pulmonary Emphysema								
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 October 1, 1954 to Jan. 30, 1960 and last saw her alive on Jan. 30, 1960 Death occurred at Nevada, Mo. 3:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>L. P. McCann</i> L. P. McCann, M. D.				22b. ADDRESS Moore Bldg., Nevada, Missouri		22c. DATE SIGNED 2/2/1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 1-1960		23c. NAME OF CEMETERY OR CREMATORY Worsley Cemetery		23d. LOCATION (City, town, or county) (State) near, Bronaugh, Missouri		
24. FUNERAL DIRECTOR Hays Funeral Service, Inc Nevada, Missouri				25. DATE RECD. BY LOCAL REG. Feb 4-1960		26. REGISTRAR'S SIGNATURE <i>Anna G. Jerry</i>		

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 Richard T. Hippen

Licensed Embalmer No. 5052

P. O. Address W. La...

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.