

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004951

FILED VS MAR 7 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 53

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Adair</b>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>		Length of stay in 1b <b>3 1/2 Yrs</b>		c. CITY OR TOWN <b>Kirkville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Comm. Nursing Home #2</b>			Inside Limits Yes <input checked="" 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) <b>MARY (NMN) SEARS</b>				4. DATE OF DEATH <b>Feb 23, 1960</b>								
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-8-84</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>15</b> Hours <b>--</b> Min. <b>--</b>	IF UNDER 24 HR Min. <b>--</b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>La Plata, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>James I. Sears</b>			13b. MOTHER'S MAIDEN NAME <b>Malinda Thomas</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>479-30-8118</b>		17. INFORMANT Address <b>Herbert I. Sears, La Plata, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiovascular Collapse</b>							INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>							<b>hours</b>					
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>							<b>unknown</b>					
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 <b>Sept 1, 1959</b> to <b>Feb 23, 1960</b> and last saw her alive on <b>Feb 23, 1960</b> Death occurred at: <b>12:23 P. m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <b>William H. Eugen, D.O.</b>					22b. ADDRESS <b>Kirkville, Mo.</b>		22c. DATE SIGNED <b>2/27/60</b> (Date)					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb 25, 60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>La Plata Cemetery</b>			23d. LOCATION (City, town, or county) <b>La Plata, Mo.</b>						
24. FUNERAL DIRECTOR ADDRESS <b>Wilson Funeral Home, La Plata, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-2-1960</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

WILLIAM F. BURGIN, D.O.

**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 Kennerly M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata Mo

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.