

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005379

FILED VS MAR 7 1960 47

Registration District No. 47 Primary Registration District No. 5164 Registrar's No. 67

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in lb 6 Yrs	c. CITY OR TOWN Fulton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 4 Fulton, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 4, Fulton, Mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First George Middle Raymond Last Liddle	4. DATE OF DEATH Month February Day 25 Year 1960
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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 Dec. 31 1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Highway Dept.	10b. KIND OF BUSINESS OR INDUSTRY Labor	11. BIRTHPLACE (City and state or country) Fort Madison, Iowa	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Sherwood Liddle	13b. MOTHER'S MAIDEN NAME Heneretta Wade	14. NAME OF HUSBAND OR WIFE Iva Bryant Liddle
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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. 497 18 4343	17. INFORMANT Mrs. Iva Liddle, Rt. 4, Fulton, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary artery disease (atherosclerosis) 9 hrs	
	DUE TO (c) Coronary Spasm 1 hr	
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 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year
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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
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21. I attended the deceased from **9:30** **1955** to **Deaths** and last saw her/him alive on **7-25-60**
Death occurred at **9:30** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) John J. Brown MD	22b. ADDRESS Fulton, Mo	22c. DATE SIGNED 2-27-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 27, 1960	23c. NAME OF CEMETERY OR CREMATORY Hans Prairie Cemetery	23d. LOCATION (City, town, or county) (State) Hans Prairie, Mo.
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24. FUNERAL DIRECTOR Maurice Funeral Home, Fulton, Mo	25. DATE RECD. BY LOCAL REG. Feb 27-1960	26. REGISTRAR'S SIGNATURE Martha Lawrence
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 1980

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 Marshall C. Black

Licensed Embalmer No. 4712

P. O. Address Fulton, Ga.

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.