

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007190

FILED VS. MAR 10 1960

187

Primary Registration District No.

Registrar's No.

39

STATE FILE NUMBER

DEED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Livingston				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wheeling		Length of stay in 1b 57 yrs.		c. CITY OR TOWN Wheeling		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			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) First ANGELINE Middle ABIGAIL Last AYE				4. DATE OF DEATH Month February Day 24 Year 1960				
5. SEX Felame	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 7/24/1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Torch Lake, Mich.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Philo Russell			13b. MOTHER'S MAIDEN NAME Mary Hayt			14. NAME OF HUSBAND OR WIFE Charles Aye		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) No			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Wesley R. Aye; Chicago, Ill.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY HEART DISEASE DUE TO (c) ARTERIOSCLEROSIS							INTERVAL BETWEEN ONSET AND DEATH INSTANT 2 YRS 15 YRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). DIABETES MELLITUS.						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 checked="" 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 JUN 1945 to FEB - 1960 and last saw her alive on FEB 24 1960 Death occurred at 12:45 P on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Wesley R. Aye</i> (Degree or title)				22b. ADDRESS Wheeling, Mo			22c. DATE SIGNED 2-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)		
Burial		Feb. 29, '60	Wheeling Cemetery			Wheeling, Missouri		
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo.				25. DATE RECD. BY LOCAL REG. 3/29/60		26. REGISTRAR'S SIGNATURE Francis B Meil		

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

Elton F. Harmon

Licensed Embalmer No. 4036

P. O. Address Chillicothe,

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.