

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007298

FILED VS MAR 1 1960

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

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morgan Township		Length of stay in 1b Life	c. CITY OR TOWN Princeton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercer County Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Princeton
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Agile Middle Bien Last Bien			4. DATE OF DEATH Month 2 Day 18 Year 1960			
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5. SEX Male	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 6-10-1877	9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 8 Days 8		IF UNDER 24 HR Hours 8 Min. 0	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Mercer County		12. CITIZEN OF WHAT COUNTRY U.S.A.			
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13a. FATHER'S NAME John Bien			13b. MOTHER'S MAIDEN NAME Martha Jane Brunnatt			14. NAME OF HUSBAND OR WIFE *****		
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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 none		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Chas. McIntosh--Mercer- 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) Pnuemonia							INTERVAL BETWEEN ONSET AND DEATH I week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								

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			
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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.)							
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		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 Feb. 15 to Feb. 18 and last saw ^{her} him alive on Feb. 18									
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									

22a. SIGNATURE J.M. Berry				(Degree or title) M.D.		22b. ADDRESS Princeton-Mo.		22c. DATE SIGNED 2-20-60	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-20-1960	23c. NAME OF CEMETERY OR CREMATORY Upper Tennessee Cem.		23d. LOCATION (City, town, or county) (State) Mercer County Missouri			
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24. FUNERAL DIRECTOR Martin & Azbell-Princeton-Mo.				25. DATE RECD. BY LOCAL REG. 2-20-60		26. REGISTRAR'S SIGNATURE Gene Moss			
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Rayman Azbell

(Licensed Embalmer's Statement on Reverse Side)

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 Lyman Ogbeel

Licensed Embalmer No. 5020

P. O. Address Princeton--Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.