URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH — 60-007488

FILED VS FEB 23 1960 Registration District No. 972 Primary Registration District No. 4397 Registrar's No. 3

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cooter — Length of stay in 1b 18 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pemiscot
c. CITY OR TOWN Cooter — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Vatie Middle Last Diggs
4. DATE OF DEATH Month 1 Day 30 Year 60
5. SEX F
6. COLOR OR RACE Col
7. Married ☐ Never Married ☒ Widowed ☒ Divorced ☐
8. DATE OF BIRTH unknown
9. AGE (last birthday) abt 44 — 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) Home Work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ark
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Jim Cooper — Address Cooter, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) NO medical aid
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) natural death
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 ____, to ____ and last saw her/him alive on ____
Death occurred at ____ a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. R. Newman (Degree or title) L.R.
22b. ADDRESS Steele Mo.
22c. DATE SIGNED 2-8-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Buried
23b. DATE 1-31-60
23c. NAME OF CEMETERY OR CREMATORY Holly Grove
23d. LOCATION (City, town, or county) (State) Steele Mo
24. FUNERAL DIRECTOR Bernson Undt Co. ADDRESS Steele Mo
25. DATE RECD. BY LOCAL REG. 2-11-60
26. REGISTRAR'S SIGNATURE L. R. Newman

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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