

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007600

FILED VS MAR 9 1960

277

Primary Registration District No. 4411

Registrar's No. 10

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BOWLING GREEN</u>		Length of stay in 1b	c. CITY OR TOWN <u>BOWLING GREEN</u>		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) <u>406 MARTIN</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>HOUSE</u> Last <u>HOUSE</u>			4. DATE OF DEATH Month <u>FEBRUARY</u> Day <u>21</u> Year <u>1960</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/19/1880</u>	9. AGE (last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>BOWLING GREEN, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>CHARLES DALE</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE WELLS</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY HOUSE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>HENRY HOUSE, BOWLING GREEN MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>circulatory collapse</u>					45 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>anoxia</u>					
DUE TO (c) <u>acute asthma</u>					
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 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 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 <u>2/21/60</u> to <u>2/21/60</u> and last saw ^{her} him alive on <u>2/21/60</u> Death occurred at <u>11:57 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Jack R. Tanker DO.</u>			22b. ADDRESS <u>Bowling Green, Mo.</u>		22c. DATE SIGNED <u>2/26/60</u>
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>BURIAL</u>	23b. DATE <u>FEB 26 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BOWLING GREEN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>BOWLING GREEN, MISSOURI</u>		
24. FUNERAL DIRECTOR <u>GRACE BANKHEAD, BOWLING GREEN MO</u>		ADDRESS <u>2-29-60</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

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 Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling

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.