

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007757

FILED VS MAR 9 1960 301

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY RIPLEY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL - VARNER		Length of stay in 1b 60 YEARS	c. CITY OR TOWN NAYLOR - RURAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi. N.W. NAYLOR		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 Mi. N.W. NAYLOR		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle DOUGLAS Last HAWTHORNE			4. DATE OF DEATH Month FEBRUARY Day 20 Year 1960		
5. SEX MALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-1879	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
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) Fairfield, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Deceased	
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. NONE	17. INFORMANT Address MRS. ELSIE TYRA - Rt. #1 NAYLOR		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia (Bilateral)					INTERVAL BETWEEN ONSET AND DEATH 9 days
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	
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 Feb. 11, 1960 to Feb. 20, 1960 and last saw him alive on Feb. 13, 1960 Death occurred at 3 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J.B. Smith, D.O. (Degree or title)			22b. ADDRESS Naylor, Mo.		22c. DATE SIGNED 2-26-60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-22-1960	23c. NAME OF CEMETERY OR CREMATORY ANTIOCH Cemetery		23d. LOCATION (City, town, or county) OKLY - MISSOURI	
24. FUNERAL DIRECTOR Edwards - Parrent - Naylor, Mo		25. DATE RECD. BY LOCAL REG. 2-28-60	26. REGISTRAR'S SIGNATURE Flava Broz		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR

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 Gene H. Parren

Licensed Embalmer No. 4809
P. O. Address Naylor,

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.