URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009682

STATE FILE NUMBER

FILED VS MAR 2 1960 Registration District No. 366 Primary Registration District No. _____ Registrar's No. 23

NDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Bismarck — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1 Mi.W.Hwy.#32 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LOIS Middle FAYE Last CLINTON

4. DATE OF DEATH: Month February Day 22 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-12-1959
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months 8 Days 12 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Frances Greenlee
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Frances Clinton, Bismarck, Mo. St. Rt. Address

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH undetermined
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diahrea
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 12-5-59 and last saw her alive on 2-20-60
Death occurred at 4:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Paul Dennis M.D.
22b. ADDRESS Flat River, Missouri
22c. DATE SIGNED 2-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-24-1960
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
23d. LOCATION (City, town, or county) (State) Bismarck, Mo.

24. FUNERAL DIRECTOR Shipman & Sons ADDRESS Bismarck, Missouri
25. DATE RECD. BY LOCAL REG. 2/24/60
26. REGISTRAR'S SIGNATURE Helen Kendall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed John N. Shipman

Signature of Student Embalmer

Licensed Embalmer No. 488

P. O. Address Bismarck

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.