URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-009781
STATE FILE NUMBER

FILED VS APR 14 1960 Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 34

ENDED

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cassville — Length of stay in 1b: 29days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cassville Community Hos. — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Ada Middle: Francis Last: England
4. DATE OF DEATH: Month: March Day: 31 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug 12 1890
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months: 7 Days: 21
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Exeter, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Thomas
13b. MOTHER'S MAIDEN NAME: Mittie Faxton
14. NAME OF HUSBAND OR WIFE: Cleo England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-22-0606
17. INFORMANT: Cleo England Address: Exeter, Mo. Rural

MEDICAL CERTIFICATION

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)	Cerebral anoxia	10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial insufficiency	1 mo.
DUE TO (c)	Cerebral hemorrhage	1 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral arteriosclerosis

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 11/16/53, to 3/31/60 and last saw her alive on 3/30/60
Death occurred at 3:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred R. Clark D.O.
22b. ADDRESS: Box 96, Wheaton, Mo.
22c. DATE SIGNED: 4/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-5-60
23c. NAME OF CEMETERY OR CREMATORY: Concord Cem.
23d. LOCATION (City, town, or county) (State): Exeter, Mo. Rural

24. FUNERAL DIRECTOR: Morris Pogue ADDRESS: Wheaton, Mo.
25. DATE RECD. BY LOCAL REG.: 4-5-1960
26. REGISTRAR'S SIGNATURE: Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm Morris Fogu

Signature of Student Embalmer

Licensed Embalmer No. 39 4 2

P. O. Address Wheatlow

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