

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010081

FILED VS MAR 22 1960

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPULAR BLUFF		Length of stay in 1b 10 mos.	c. CITY OR TOWN CARDWELL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CLARKE'S NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) CARDWELL Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DELLA Middle JANE Last MCCASTILL			4. DATE OF DEATH Month FEB. Day 27 Year 1960		
5. SEX F	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 1-22-1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days 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	11. BIRTHPLACE (City and state or country) IND.	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME DAVE MILLER		13b. MOTHER'S MAIDEN NAME ELLEN NORRIS		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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Emmet McCastill, Hildon mo.
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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) Hypertensive Pneumonia		12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic hypertension	5 yrs
	DUE TO (c) Arteriosclerosis	20 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile dementia		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
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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 Month, Day, Year a.m. p.m.		

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 Cardwell, Mo.	COUNTY Butler	STATE MO
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21. I attended the deceased from **15 June 60** to **27 Feb 60** and last saw her alive on **24 Feb 60**
Death occurred at **8:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Conrad A. Hart M.D. (Degree or title)	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 27 Feb 60 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2-27-60	23c. NAME OF CEMETERY OR CREMATORY Cardwell Cemetery	23d. LOCATION (City, town, or county) Cardwell, Missouri
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24. FUNERAL DIRECTOR HOWARD FUNERAL SERVICE LEACHVILLE	ADDRESS Leachville, Mo.	25. DATE RECD BY LOCAL REG. 3/2/60	26. REGISTRAR'S SIGNATURE R. H. Minter
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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 W. H. Howard

Licensed Embalmer No. 3989

P. O. Address Raytheville

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 his body is not embalmed, fact should be so stated above.