URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010334

FILED VS MAR 29 1960

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 35

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Length of stay in 1b: 2wks.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cameron Comm.Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Caldwell
c. CITY OR TOWN: Kidder — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RR.#1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ROSE Middle M Last WRITT

4. DATE OF DEATH: Month Mar. Day 22, Year 1960

5. SEX: F
6. COLOR OR RACE: Cauc.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-7-1885
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months Days — 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: home
11. BIRTHPLACE (City and state or country): Linn,Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Potts
13b. MOTHER'S MAIDEN NAME: Mary A. Montague
14. NAME OF HUSBAND OR WIFE: deceased

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.
17. INFORMANT Address: Francis Ward,Cameron,Mo.

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): acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 14 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic Heart Disease — 15 yrs.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): acute Ruptured appendicitis, with peritonitis 2-22-60

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 2-22-60, to 3-23-60 and last saw her/him alive on 3-23-60
Death occurred at 12:46 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G F Netherton MD
22b. ADDRESS: Cameron Mo
22c. DATE SIGNED: 3-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-25-1960
23c. NAME OF CEMETERY OR CREMATORY: Kenney
23d. LOCATION (City, town, or county) (State): Caldwell Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Poland Funeral Home,Cameron,Mo.
25. DATE RECD. BY LOCAL REG.: 3-26-60
26. REGISTRAR'S SIGNATURE: Francis D Crawford

(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 Robert J Poland

Signature of Student Embalmer

Licensed Embalmer No. 477

P. O. Address 222 West Common

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.