

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010667

FILED VS MAR 21 1960

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 40

STATE FILE NUMBER

NDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Harrison</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Daviess</u>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Hospital</u>		Length of stay in 1b <u>3 days</u>		c. CITY OR TOWN <u>Cottonburg Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		In Home Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>DAISY</u> Middle <u>WOOD</u> Last <u>WOOD</u>				4. DATE OF DEATH Month <u>Mar</u> Day <u>3</u> Year <u>1960</u>			
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 18 1876</u>	
9. AGE (last birthday) <u>84</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>DeKalb County</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Abraham Sherman</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe Leard</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Mrs. Alva Ford</u>		Address <u>Cottonburg, Mo.</u>	
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 <u>44</u>			
IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <u>ARTERIOSCLEROSIS</u>			
				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 <u>Feb-29, 1960</u> to <u>MAR. 3, 1960</u> and last saw her alive on <u>MAR. 3, 1960</u> .		Death occurred at <u>12:20</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Albert T. Tinker M.D.</u> (Degree or title)		22b. ADDRESS <u>Bethany, Mo.</u>		22c. DATE SIGNED <u>3-7-60.</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>5 Mar 60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Christian Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>DeKalb County Mo.</u>	
24. FUNERAL DIRECTOR <u>A. Anderson</u>		ADDRESS <u>Cottonburg Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-15-1960</u>		26. REGISTRAR'S SIGNATURE <u>G. Jella Moxey</u>	

(Licensed Embalmer's Statement on Reverse Side)

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. A. Patton*

Licensed Embalmer No. 5075

P. O. Address *Pattonburg*

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.