

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011528

FILED VS MAR 24 1960

Registration District No. 157 Primary Registration District No. 5584 Registrar's No. 54

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sarcoxie McDonald T.W.S.P.		Length of stay in 1b native	c. CITY OR TOWN Sarcoxie
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR Avilla		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R.
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Martha Middle K. Last Blucher			4. DATE OF DEATH Month Feb. Day 24, Year 1960		
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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 11-9-1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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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) Aghaderry Co, Ireland	12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME Robert Knox		13b. MOTHER'S MAIDEN NAME Martha Mitchell		14. NAME OF HUSBAND OR WIFE	
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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 Tom Knox, Mt. Vernon, Mo.	Address
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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: IMMEDIATE CAUSE (a) Congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary occlusion		1 wk
	DUE TO (c) Arteriosclerosis		yrs.
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.)		
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year			
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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
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21. I attended the deceased from **2-24-60** to **2-24-60** and last saw her/him alive on **2-24-60**
Death occurred at **8:20 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Emeru Taylor MD.</i> (degree or title)		22b. ADDRESS Lockwood, Missouri		22c. DATE SIGNED 2-28-60
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23a. BURIAL, CREMATION, REBURY (specify) burial	23b. DATE 2-28-1960	23c. NAME OF CEMETERY OR CREMATORY Avilla	23d. LOCATION (City, town, or county) (State) N. of Avilla, Mo.
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24. FUNERAL DIRECTOR Morris-Leiman, Miller, Mo.		25. DATE RECD. BY LOCAL REG. 2-28-60	26. REGISTRAR'S SIGNATURE <i>Elly Clinton</i>
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(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 _____

E. R. Simon

Licensed Embalmer No. 3297

P. O. Address _____

Miller

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.