

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011667

FILED VS MAR 28 1960

STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. 17A5-654 Registrar's No. 7

ENDED

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Miller</u>		c. CITY OR TOWN <u>Miller</u>	
Length of stay in lb <u>Native</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If outside, give location) <u>Hg 39</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Ohbie</u> Middle <u>E.</u> Last <u>Catlett</u>			4. DATE OF DEATH Month <u>3</u> Day <u>17</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>9-29-1922</u>	9. AGE (last birthday) <u>37</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months <u>5</u> Days <u>18</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horse Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dade Co. Mo.</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James D. Merrick</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Willis</u>		
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT <u>Rosa Catlett Miller 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		

IMMEDIATE CAUSE (a) <u>CONGESTIVE CIRCULATORY FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 HOURS</u>
DUE TO (b) <u>PROLONGED RECUMBENCY NECESSITATED BY GANGRENE OF RIGHT FOOT</u>		
DUE TO (c) <u>ARTERIO SCLEROSIS</u>		
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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY
20g. STATE		

21. I attended the deceased from 9-18-58 to 3-17-60 and last saw her live on 3-17-60
Death occurred at 7:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Hugh Baker D.O.</u>		22b. ADDRESS <u>Miller Mo.</u>		22c. DATE SIGNED <u>3-19-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-19-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove So. of Miller Mo.</u>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Ed. Lemmon Miller Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-24-60</u>	26. REGISTRAR'S SIGNATURE <u>W. D. Bowers</u>	

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 *H. B. Leinore*

Licensed Embalmer No. 3297

P. O. Address Miller T

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.