

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

660-011673

FILED VS MAR 23 1960

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 5645 5096 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora township		Length of stay in 1b Years		c. CITY OR TOWN Aurora		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 2 Aurora			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt, 2 Aurora		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last OLLIE MARIE PHIFER				4. DATE OF DEATH Month Day Year March 19, 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/7/98	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
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) Harrison, Ark.		12. CITIZEN OF WHAT COUNTRY USA.		
13a. FATHER'S NAME A.H. Hood			13b. MOTHER'S MAIDEN NAME Addie McFall			14. NAME OF HUSBAND OR WIFE John Phifer			
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 Address John Phifer; Aurora, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis with Acute myocardial decompensation							INTERVAL BETWEEN ONSET AND DEATH 1 week.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 Month, Day, Year a.m. p.m.				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 STATE	
21. I attended the deceased from March 18, 1960 to March 19, 1960 last saw her live on March 19, 1960 . Death occurred at 11:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deceased by title) Kenneth L. Kelsey M.D.				22b. ADDRESS Aurora, Mo.			22c. DATE SIGNED 3/21/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/22/60	23c. NAME OF CEMETERY OR CREMATORY Manle Park Cemetery			23d. LOCATION (City, town, or county) Aurora, Mo.			
24. FUNERAL DIRECTOR Arnold's Funeral Home; Aurora, Mo.				25. DATE RECD. BY LOCAL REG. 3/21/60		26. REGISTRAR'S SIGNATURE Orin McNatt			

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 Irvin P. Arnold

Licensed Embalmer No. 4929

P. O. Address Advers, 1

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.