URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 6 1960

60-011743
STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 33-60

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lanagan
Length of stay in 1b: 2 years
c. FULL NAME OF HOSPITAL OR INSTITUTION Lanagan Rest Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY McDonald
c. CITY OR TOWN Anderson
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Bob Middle: Frazier Last:
4. DATE OF DEATH Month: March Day: 18 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1872
9. AGE (last birthday): 88
IF UNDER 1 YEAR / IF UNDER 24 HR: Months | Days | Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Anderson, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None
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.: None
17. INFORMANT: Leon Keeling Address: Anderson, 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) Hydrostatic Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Vascular Accident
DUE TO (c) Atherosclerosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
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 Jan 1960 to March and last saw him alive on March 18, 1960
Death occurred at 6:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) W. Hale MD.
22b. ADDRESS Purcells, Mo.
22c. DATE SIGNED 3-28-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 21, 1960
23c. NAME OF CEMETERY OR CREMATORY: New Bethal
23d. LOCATION (City, town, or county) (State): McDonald County Mo.
24. FUNERAL DIRECTOR: Rohler Funeral Home ADDRESS: Anderson, Mo.
25. DATE RECD. BY LOCAL REG.: March 28, 1960
26. REGISTRAR'S SIGNATURE: Mary C. Bradley

(Licensed Embalmer's Statement on Reverse Side)

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 C. Roller

Signature of Student Embalmer

Licensed Embalmer No. 5062

P. O. Address Anderson,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.