

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011845

FILED VS. APR 5 1960 2 18

Primary Registration District No. 4330 Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MISSI.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MISSI.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST PRAIRIE, MO.		Length of stay in 1b 80 yrs.	c. CITY OR TOWN EAST PRAIRIE, MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT. # 2
3. NAME OF DECEASED (Type or print) SALLY FRANCES PRIEST ZOOK		4. DATE OF DEATH Month 3- Day 24 Year 1960	
5. SEX FEMALE	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 8-12-1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	9. AGE (last birthday) 87
11. BIRTHPLACE (City and state or country) RIVERS, TENNESSEE		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN WESLEY PRIEST		13b. MOTHER'S MAIDEN NAME SARAH CATHERINE THOMAS	14. NAME OF HUSBAND OR WIFE JAKE ZOOK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT MRS. CHESSIE ISHMAEL E. PRAIRIE, 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.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOCLEROSIS		
DUE TO (c)		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 June 2, 1953 to Feb 1st, 1960 and last saw her alive on Feb 1st 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Dorothy Clemmhill D.O.	22b. ADDRESS East Prairie Mo.	22c. DATE SIGNED 3/28/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-27-60	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY
23d. LOCATION (City, town, or county) CHARLESTON, MO.		23e. REGISTERAR'S SIGNATURE Lutwidge L. Harper
24. FUNERAL DIRECTOR SHELBY FUNERAL HOME E. PRAIRIE, MO.	25. DATE RECD. BY LOCAL REG. 3-31-60	

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 Travis Shelby

Licensed Embalmer No. 4946

P. O. Address East Plain

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