

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011907

FILED VS APR 4 1960

Registration District No. 242 Primary Registration District No. 4361 Registrar's No. H-261 H. STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Canalou</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY OR TOWN <u>Canalou</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Jane</u> Last <u>Virgin</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>24</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>9-21-1875</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired House-keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Grassy, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Robbins</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Cooper</u>			
14. NAME OF HUSBAND OR WIFE <u>Samuel G. Virgin (Dec'd)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT <u>Rev. Blanche Virgin, Canalou, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Chronic nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days.</u> <u>20 years.</u> <u>3 yrs.</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 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 _____		20g. COUNTY _____		20h. STATE _____			
21. I attended the deceased from <u>Sept 1955</u> to <u>Feb 24 1960</u> and last saw her/him alive on <u>Feb 3 4 1960</u> Death occurred at <u>2:40 A. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>D. B. Omear</u> (Degree or title) <u>M. D.</u>			22b. ADDRESS <u>Dexter, Missouri</u>		22c. DATE SIGNED _____		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-26-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Baker</u>		23d. LOCATION (City, town, or county) (State) <u>Lutesville, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3-26-60</u>	26. REGISTRAR'S SIGNATURE <u>Mathyn L. Mc Bain</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 Jacques Rainey

Licensed Embalmer No. 4983

P. O. Address Depton, Mo.

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.