

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011988

FILED VS. MAR 28 1960 267

Primary Registration District No. 3049

Registrar's No. 45

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Permiawit</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>7no</u> b. COUNTY <u>Permiawit</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houti</u>			Length of stay in 1b		c. CITY OR TOWN <u>Hobbs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Medicaid Hosp</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Start Rt</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Anderson</u> Middle <u>Stewart</u> Last <u>Stewart</u>						4. DATE OF DEATH Month <u>3</u> Day <u>5</u> Year <u>60</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Cal</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>unknown</u>	9. AGE (last birthday) <u>abt 66</u>	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Anderson</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Stewart</u>		
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 Address			
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>cerebral aneurysm y Rt. c.</u>							<u>16 days.</u>	
DUE TO (b) <u>Sept Haemiplegia</u>								
DUE TO (c) <u>arterio-sclerotic Hypertensive</u>							<u>6 wks.</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 _____ 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 <u>2-23-60</u> to <u>3-5-60</u> and last saw ^{her} _{him} alive on <u>3-4-60</u> Death occurred at <u>4</u> <u>a</u> , m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Off Shively M.D.</u>				22b. ADDRESS <u>Houti, Mo.</u>			22c. DATE SIGNED <u>3-11-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>Buried</u>		<u>3-7-60</u>		<u>Hermondele Ave</u>		<u>Hermondele 7no</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Johnson Funeral Home Hick Inc.</u>				25. DATE RECD. BY LOCAL REG. <u>3-17-60</u>		26. REGISTRAR'S SIGNATURE <u>Latarada Adams</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 Noel E Deane

Licensed Embalmer No. 3941

P. O. Address Caruth

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.