

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012083

FILED VS APR 6 1960

278 Primary Registration District No. 3054 Registrar's No. 50

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Length of stay in lb 2 Mo.		c. CITY OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 423 No. 7th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First IDA Middle ORA Last BEHRINGER				4. DATE OF DEATH Month MAR Day 27 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 NOV. 10, 1873	9. AGE (last birthday) 86	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) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) PIKE CO MO		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Clyton Hill			13b. MOTHER'S MAIDEN NAME Mollie Thompson			14. NAME OF HUSBAND OR WIFE John Behringer, Dec.				
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 Mrs Harnett Chappell, Louisiana			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gangrene Rt lower leg DUE TO (b) intermittent Hypertensive DUE TO (c) Cardiovascular Dis							INTERVAL BETWEEN ONSET AND DEATH 1 wk			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Subcapital fracture of left humerus. Fracture of left femur							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 checked="" 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.) patient fell in home						
20c. TIME OF INJURY Hour a.m. p.m. 1/2/60	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.) home		20f. CITY, TOWN, OR LOCATION Louisiana,		COUNTY Pike		STATE Missouri	
21. I attended the deceased from 1/17/53 to 3/27/60 and last saw her ^{her} alive on 3/27/60 Death occurred at 7:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Chas H Lavelle		22b. ADDRESS M.D. Louisiana, Missouri			22c. DATE SIGNED 3/28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 29, 1960	23c. NAME OF CEMETERY OR CREMATORY Riverside			23d. LOCATION (City, town, or county) (State) Louisiana, MO					
24. FUNERAL DIRECTOR J. B. Sterne, Louisiana MO				25. DATE RECD. BY LOCAL REG. Apr 4-1960		26. REGISTRAR'S SIGNATURE Bernice Collier				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0981 91 11

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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.