

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012131

FILED VS MAR 25 1960

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 32

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Cameron...			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Missouri		Length of stay in 1b 18 days		c. CITY OR TOWN Richland, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hospital.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural. Rt. #			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lavanda. Middle M Last Polly.				4. DATE OF DEATH Month March Day 6, 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 4/10/1883	9. AGE (last birthday) 76	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) Housewife.			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Richland, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Smith Davis Holdren			13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Goza.		14. NAME OF HUSBAND OR WIFE Ed. Polly.		
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 Address Rural Rt # Mrs. Wilma Penberton. Richland, 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) Hypostatic pneumonia DUE TO (b) Influenza Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) C						INTERVAL BETWEEN ONSET AND DEATH 10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardio-vascular condition 15 yrs					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 Month, Day, Year a.m. p.m.							
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 Feb 23 - 60 , to March 5 - 60 and last saw her alive on 3 - 5 - 60 Death occurred at 7:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE L. J. Myers (Degree or title) D.O.			22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 3/7/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/8/60	23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery.	23d. LOCATION (City, town, or county) Richland, Missouri	(State)			
24. FUNERAL DIRECTOR Hedges Funeral Home ADDRESS Richland, Mo		25. DATE RECD. BY LOCAL REG. 3-8-60	26. REGISTRAR'S SIGNATURE Eula Mae Anderson				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 25 1960

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

Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville

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