

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012205

FILED VS. APR. 6 1960 301

STATE FILE NUMBER

Registration District No. 4450 Registrar's No. 29

ENDED

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan		Length of stay in 1b 6 months	c. CITY OR TOWN Doniphan, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R#4 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Allie Middle Susan Last Bates			4. DATE OF DEATH Month March Day 24 Year 1960			
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 24 1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Bennett, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.P.
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13a. FATHER'S NAME Edward Crews	13b. MOTHER'S MAIDEN NAME Catherine Martin	14. NAME OF HUSBAND OR WIFE Elias Bates
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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 Elias Bates Doniphan, Mo. Address
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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 1 hour 2 weeks 10 years
IMMEDIATE CAUSE (a)	Coronary occlusion	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral hemorrhage DUE TO (c) Arteriosclerotic heart disease	

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
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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.)
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20c. TIME OF INJURY Hour 5:30 a.m. 8:30 p.m.	Month, Day, Year
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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 Doniphan Mo	COUNTY Mo	STATE Mo
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21. I attended the deceased from **June 58** to **March 24/1960** and last saw her ^{per} _{him} alive on **3/24/60**
Death occurred at **5:30 8:30 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Johnson M.D.	22b. ADDRESS Doniphan Mo	22c. DATE SIGNED 3/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 26, 1960	23c. NAME OF CEMETERY OR CREMATORY Bennett Cemetery	23d. LOCATION (City, town, or county) (State) Ripley County, Mo.
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24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo.	25. DATE RECD. BY LOCAL REG. 4/5/60	26. REGISTRAR'S SIGNATURE Flava Broz
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(Licensed Embalmer's Statement on Reverse Side)

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

Gene F. Parent

Licensed Embalmer No. 4809

P. O. Address Naylor, 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.