

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAR 28 1960

60-013895

STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 4515 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY SULLIVAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Grundy			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MILAN,		Length of stay in 1b 2 days		c. CITY OR TOWN Spickard		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sullivan Co. Memorial			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 3 Medicine Twp		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Audie Middle May Last Toot				4. DATE OF DEATH Month 3 Day 13 Year 1960			
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 11-28-1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 3 Days 11	IF UNDER 24 HR Hours 11 Min.
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) Mercer Co. Mo		12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME Hadley Egelston			13b. MOTHER'S MAIDEN NAME Clara Lose		14. NAME OF HUSBAND OR WIFE Carl Toot		
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. 486-32-3738		17. INFORMANT Address Carl Toot Spickard 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) coronary thrombosis						INTERVAL BETWEEN ONSET AND DEATH 8 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumo-pneumonia						8 days	
DUE TO (c)							
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year					
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>2/10/60</u> to <u>3/13/60</u> and last saw her/him alive on <u>3/13/60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS Harris, Mo		22c. DATE SIGNED 3/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-15-60	23c. NAME OF CEMETERY OR CREMATORY Harris Cemetery		23d. LOCATION (City, town, or county) (State) Harris, Mo		
24. FUNERAL DIRECTOR J.A. Raymond Salt Mo			25. DATE RECD. BY LOCAL REG. 3-19-60		26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett		

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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed PK Payne II

Licensed Embalmer No. 340

P. O. Address Galt

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