

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS MAR 28 1960

60-013898

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6178 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Sullivan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan Rural		Length of stay in 1b		c. CITY OR TOWN Milan Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Clarence Middle Ray Last Head				4. DATE OF DEATH Month 3 Day 19 Year 60					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/25/1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Robert Byren Head			13b. MOTHER'S MAIDEN NAME Georgia Ann Franklin			14. NAME OF HUSBAND OR WIFE Ella Head			
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. 498406243		17. INFORMANT Ella Head		Address Milan, 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 acclulsion								INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac insufficiency- past few months									
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 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 March 19, 1960 to Mar. 19, 60 and last saw her alive on March 19, 60 Death occurred at 3:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>E. W. Simpson, D.O.</i> (Degree or title)				22b. ADDRESS Milan, Missouri			22c. DATE SIGNED 3/21, 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/21/60	23c. NAME OF CEMETERY OR CREMATORY Deep Springs			23d. LOCATION (City, town, or county) Milan Rural		23e. STATE Mo.		
24. FUNERAL DIRECTOR Wade Funeral Home Browning				25. DATE RECD. BY LOCAL REG. 3-24-60		26. REGISTRAR'S SIGNATURE <i>Mrs. M. W. Beckett</i>			

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

Gerald T. Swade

Licensed Embalmer No. 417

P. O. Address Brown

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.