

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013934

FILED VS APR 5 1960

360

Primary Registration District No. 3076

Registrar's No. 69

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in 1b Lifetime		c. CITY OR TOWN Nevada		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 927 North Oak Street	
3. NAME OF DECEASED (Type or print) First ESSIE Middle EDNA Last SOWARD				4. DATE OF DEATH Month March Day 14 Year 1960			
5. SEX F	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-6-1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	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 Own home	11. BIRTHPLACE (City and state or country) Marengo, Indiana		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Norman Jameson			13b. MOTHER'S MAIDEN NAME Allie Taylor		14. NAME OF HUSBAND OR WIFE Arthur L. Soward		
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 Arthur L. Soward, 927 North Oak Street Nevada, Missouri			
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 Occlusion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension						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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" 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 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 1951 to 3/13/60 and last saw her/him alive on March 13, 1960 Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. P. POORE M.D. (Degree or title)				22b. ADDRESS Nevada, Mo			22c. DATE SIGNED 3/23/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1960	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) Nevada#		23e. STATE Missouri	
24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, Missouri			25. DATE RECD. BY LOCAL REG. 3-29-1960		26. REGISTRAR'S SIGNATURE Anna E. Ferry		

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

L Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Wesley, T

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.