

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013943

FILED VS. APP. 5 1960

360

Primary Registration District No. 6225

Registrar's No. 78

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Vermont</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dashford</u>		Length of stay in 1b		c. CITY OR TOWN <u>Calhoun</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Hosp #3</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>W</u> Last <u>Henry</u>				4. DATE OF DEATH Month <u>3</u> Day <u>27</u> Year <u>1960</u>												
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday) <u>80</u>		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)			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Henry Co</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>									
13a. FATHER'S NAME <u>Dock Henry</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Bunsall</u>			14. NAME OF HUSBAND OR WIFE <u>Ada M. Henry</u>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Hosp. Record</u> Address											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u> DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>chronic sinus rhythm with psychosis</u>					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 <u>Nov 25 1954</u> to <u>3-27 1960</u> and last saw her/him alive on <u>3-27 60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								22a. SIGNATURE (Degree or title) <u>H L Martin M.D.</u>		22b. ADDRESS <u>St Hosp #3 Nevada</u>				22c. DATE SIGNED <u>3-28-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-30-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cem</u>		23d. LOCATION (City, town, or county) <u>Calhoun</u>		STATE <u>Mo</u>								
24. FUNERAL DIRECTOR <u>Sickman & Dunning Clinton MO.</u>				25. DATE RECD. BY LOCAL REG. <u>3-29-1960</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Jerry</u>										

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0981 9 T

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 R. J. Dunning

Licensed Embalmer No. 4710

P. O. Address Cleves

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