

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013981

LED VS APR 7 1960

366

Registration District No. _____ Registrar's No. _____

STATE FILE NUMBER

38

1. PLACE OF DEATH a. COUNTY WASHINGTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOHNSON TWP.		Length of stay in 1b MINUTES	c. CITY OR TOWN SULLIVAN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR WALDO FARM INSTITUTION SULLIVAN R.R.S		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R.I
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last AURELIA E. G. WARE			4. DATE OF DEATH Month Day Year APRIL 3 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 10, 1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) WASHINGTON CO. MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY H. GRIFFITH		13b. MOTHER'S MAIDEN NAME MARY E. RICE		14. NAME OF HUSBAND OR WIFE ASA WARE		
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. 492-12-8343	17. INFORMANT Address WILLIAM GRIFFITH SULLIVAN, 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) Heart Attack which was DUE TO (b) Caused by no driver (intoxicated) DUE TO (c) _____ 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)		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 checked="" 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.) Same as immediate cause (a)	
20c. TIME OF INJURY Hour a.m. p.m. 9:00 a.m.	Month, Day, Year 4-3-60		
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.) AT RESIDENCE OF WM. GRIFFITH JOHNSON TWP. ON WALDO FARM.	20f. CITY, TOWN, OR LOCATION SULLIVAN R.R.S.	COUNTY STATE WASHINGTON MO.
21. I attended the deceased from _____ and last saw _____ Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) D.L. Gibson D.C. Coronar Patois, MO.		22b. ADDRESS	22c. DATE SIGNED 4-3-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR 16, 1960	23c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEM. LESLIE MO	23d. LOCATION (City, town, or county) (State) SULLIVAN MO
24. FUNERAL DIRECTOR H.M. EATON SULLIVAN, MO.		25. DATE RECD. BY LOCAL REG. 4/5/60	26. REGISTRAR'S SIGNATURE Walter Hall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 19 1960

JUN 28 1960

STATEMENT BY LICENSED EMBALMER

APR 8 1960

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 Thurston J. Eaton

Licensed Embalmer No. 5466

P. O. Address Sullivan

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.