

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 8 1960

60-014017

Registration District No. 378 Primary Registration District No. 6286 Registrar's No. 14. STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WOOD TWP. Length of stay in 1b 50YRS		c. CITY OR TOWN MtN GROVE, MO Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 mi N.E MtN GROVE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9 mi N.E. EAST MtN GROVE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CASSIE ANN DENNIS			4. DATE OF DEATH Month Day Year 3 - 20 - 1960		
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/23/1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 5 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (Ret)		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) WRIGHT Co. MO	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wm. RANEY		13b. MOTHER'S MAIDEN NAME SABRA CLAUNCH		14. NAME OF HUSBAND OR WIFE Deceased	
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 EARL DENNIS MtN GROVE 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) **ASHLD** INTERVAL BETWEEN ONSET AND DEATH **6 months**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **gen. Arteriosclerosis to cerebral A. Insufficing.**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 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 3/8/60 to 3/20/60 and last saw her ^{her} _{him} alive on 3/20/60 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) Robert M. Simpson M.D.	22b. ADDRESS Simpson M.D.	22c. DATE SIGNED 3/24/60
--	----------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/22/1960	23c. NAME OF CEMETERY OR CREMATORY MtN VALLEY Cem.	23d. LOCATION (City, town, or county) (State) WRIGHT Co. MO
24. FUNERAL DIRECTOR John Simpson ADDRESS HARTVILLE MO	25. DATE RECD. BY LOCAL REG. 3-26-1960	26. REGISTRAR'S SIGNATURE Bruce R. Selman	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 17 1950

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 Warren C. Simpson

Licensed Embalmer No. 5071

P. O. Address Hastings

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.