

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014098

FILED VS APR 25 1960 10

3002

106

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY AUDRAIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MONROE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEXICO		Length of stay in 1b 12 DAYS		c. CITY OR TOWN R.F.D. PARIS, 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 AUDRAIN, CO. HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4 M.I.E. OF PARIS		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARTHA Middle M. Last WALTON				4. DATE OF DEATH Month APRIL Day 16 Year 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 1/21/1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 2 Days 23 Hours - Min. -	IF UNDER 24 HR Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEAUTICIAN			10b. KIND OF BUSINESS OR INDUSTRY BEAUTY SHOP		11. BIRTHPLACE (City and state or country) MONTECELLO, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J. JALAGEAS			13b. MOTHER'S MAIDEN NAME (UNKNOWN)		14. NAME OF HUSBAND OR WIFE RALPH B. WALTON			
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 MRS SEPHA BALL PARIS, MO. Address R.F.D.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA							INTERVAL BETWEEN ONSET AND DEATH 3da	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Intestinal obstruction					2wks	
		DUE TO (c) Lower bowel (transverse colon) carcinoma					6mo.	
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 checked="" 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 _____ 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 4-5-1960 to 4-16-1960 and last saw her alive on 4-16-1960 Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) William H. Jozegue				22b. ADDRESS 112N Clark, Mexico Mo.			22c. DATE SIGNED 4-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APR. 18, 1960	23c. NAME OF CEMETERY OR CREMATORY SHELBINA CEM.		23d. LOCATION (City, town, or county) SHELBINA, MO.			
24. FUNERAL DIRECTOR E.H. AGNEW			ADDRESS PARIS, MO.		25. DATE RECD. BY LOCAL REG. April 18, 1960		26. REGISTRAR'S SIGNATURE Blanche Neely	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0981 9

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 E. H. Agnew.

Licensed Embalmer No. 4000

P. O. Address Paris, W.

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.