

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015082

FILED VS MAY 2 1960 141 Primary Registration District No. 3025 Registrar's No. 70

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Worcester</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Waver</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>West Plains Mo</u>		Length of stay in 1b <u>mts</u>	c. CITY OR TOWN <u>West Plains</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>570 Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>570 Missouri</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Anna Marie Graham</u>			4. DATE OF DEATH Month Day Year <u>4-12-60</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-9-95</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Balem, Tex</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>G. N. Skinner</u>		13a. MOTHER'S MAIDEN NAME <u>Looney</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT <u>Ray M. Lauren, Carpenter Christi Tex</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>Myocarditis & Bronchial Asthma</u> <u>Pulmonary Hc.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)					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 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 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 <u>9 Apr 60</u> to <u>12 Apr 60</u> and last saw her alive on <u>12 Apr 60</u> . Death occurred at <u>9:40</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>[Signature]</u>			22b. ADDRESS <u>West Plains, Mo</u>		22c. DATE SIGNED <u>22/4/60</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>[Signature]</u>	23b. DATE <u>4/18-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pauler</u>	23d. LOCATION (City, town, or county) <u>Pauler, Mo</u>	23e. (Site) <u>Mo</u>		
24. FUNERAL DIRECTOR <u>Robert West Plains Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-26-60</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		

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

A. S. Roberts

Licensed Embalmer No. 3437

P. O. Address Westla

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