

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016162

FILED VS APR 27 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 155

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>	Length of stay in 1b <u>14 mo.</u>	c. CITY OR TOWN <u>Mexico</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT a Hospital Give location) HOSPITAL OR INSTITUTION <u>Grant's Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Harrison St.</u>

3. NAME OF DECEASED (Type or print) First IDA Middle MAE Last TURNER

4. DATE OF DEATH Month 4 - Day 22 - Year 60

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-24-97 9. AGE (last birthday) 63

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) Cook

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (City and state or country) Halton mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Patterson 13b. MOTHER'S MAIDEN NAME Lucy Mass 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT Paul Turner, Harrison St., Mexico, 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) Cardiovascular - Renal Syndrome

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) Old Cerebral Hemorrhage

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 _____ to 4-24-60 and last saw her alive on 4-24-60
Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ed M. Luck M.D. 22b. ADDRESS Hannibal Mo 22c. DATE SIGNED 4-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4-22-60 23c. NAME OF CEMETERY OR CREMATORY Mexico, Missouri 23d. LOCATION (City, town, or county) (State) Mexico - Audrain

24. FUNERAL DIRECTOR ARNOLD FUNERAL HOME Mexico Mo ADDRESS 510 S. WASH. 25. DATE RECD. BY LOCAL REG. 4-23-1960 26. REGISTRAR'S SIGNATURE Ed M. Luck

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Herman

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 Richard F. Mc Dow

Licensed Embalmer No. 4825

P. O. Address Mexico

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.