

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016426

FILED VS APR 18 1960 290

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 46

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Pulaski</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Waynesville</i>		c. CITY OR TOWN <i>Waynesville</i>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First <i>Virginia</i>		Middle		Last <i>Diveley</i>		Month <i>March</i> Day <i>21</i> Year <i>1960</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3/12/91</i>	9. AGE (last birthday) <i>69</i>		IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Shannon Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Green Bay</i>			13b. MOTHER'S MAIDEN NAME <i>Francis Stuberry</i>			14. NAME OF HUSBAND OR WIFE <i>Joe Diveley</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>UNKNOWN</i>		17. INFORMANT <i>John Etheridge Independence, Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Cerebral vascular accident</i>						<i>4 days</i>	
DUE TO (b) <i>Cardio vascular renal disease</i>						<i>unknown</i>	
DUE TO (c)							
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 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 <i></i> Month, Day, Year <i></i>					
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 <i>past 3 yrs</i> to <i></i> and last saw her <i>live</i> alive on <i>3-21-1960</i>							
Death occurred at <i>3-31-60</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>H. E. Stikel D.O.</i> (Degree or title)				22b. ADDRESS <i>Waynesville Missouri</i>		22c. DATE SIGNED <i>4-4-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3/24/60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Chapel Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Mountain View, Missouri</i>	
24. FUNERAL DIRECTOR <i>Duncan Funeral Home</i> ADDRESS <i>Mtn. View, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>4-4-60</i>		26. REGISTRAR'S SIGNATURE <i>Constance Anderson</i>	

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

Clarence J. Cross

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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