

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016444

FILED VS APR 21 1960

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville	Length of stay in 1b 10 yrs.	c. CITY OR TOWN Unionville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) nome
3. NAME OF DECEASED (Type or print) First Middle Last Evaline -- Stockton		4. DATE OF DEATH Month Day Year Apr. 11, 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 7-13-80
9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 8 Days 28	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Trenton, Mo.
12. CITIZEN OF WHAT COUNTRY US.			
13a. FATHER'S NAME Thomas Boyd		13b. MOTHER'S MAIDEN NAME Martha Watson	14. NAME OF HUSBAND OR WIFE
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. 493-38-8579	17. INFORMANT Address Clcell Stockton-Unionville, 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) <i>Senility</i> DUE TO (b) <i>Chronic Glomerular nephritis</i> DUE TO (c) <i>Hypertension</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 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 2-29-60 to 4-11-60 and last saw her alive on 4-10-60 Death occurred at 1250 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L.W. McDonald Do		22b. ADDRESS Unionville, Mo.	22c. DATE SIGNED 4-13-60
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 4-14-60	23c. NAME OF CEMETERY OR CREMATORY Thompson Cem.	23d. LOCATION (City, town, or County) (State) Putnam Co. Mo.
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 4-14-60	26. REGISTRAR'S SIGNATURE Marshall Durbin

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 Marl E. Husted

Licensed Embalmer No. 3307

P. O. Address Unionville, N.C.

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.