

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017676  
STATE FILE NUMBER

FILED VS. APR 23 1960 317

Primary Registration District No. 542 Registrar's No. 1252

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ferguson</b>		Length of stay in 1b <b>4 yrs.</b>		c. CITY OR TOWN <b>Ferguson</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>333 So. Elizabeth</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>333 So. Elizabeth</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Lutie</b>		Middle <b>R.</b>		Last <b>Stirrat</b>		Month <b>April</b> Day <b>15</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-28-85</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>Sorento, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S..</b>	
13a. FATHER'S NAME <b>John W. Miller</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah E. Geiger</b>		14. NAME OF HUSBAND OR WIFE <b>Dougal Stirrat</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>342-01-9443D</b>	17. INFORMANT <b>Maybelle Keating, Ferguson, Mo</b>			
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) <b>Coronary Thrombosis</b>						<b>10 min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis Generalized</b>						<b>10 yrs</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)					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	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 <b>June 1959</b> to <b>Apr. 15, 1960</b> and last saw her <b>live</b> on <b>Apr 15, 1960</b> Death occurred at <b>11 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Mr Johnson M D</b> (Degree or title)				22b. ADDRESS <b>Ferguson Mo</b>		22c. DATE SIGNED <b>4-17-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3-17-60</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Memorial Park</b>		23d. LOCATION (City, town, or county) <b>Staunton, Ill.</b>		(State)
24. FUNERAL DIRECTOR <b>White-Mullen Mortuary, Ferguson,</b>			25. DATE RECD. BY LOCAL REG. <b>4-16-60</b>		26. REGISTRAR'S SIGNATURE <b>John M. Murphy</b>		

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 Larry M. White

Licensed Embalmer No. 3973

P. O. Address Herguson

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.