URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 23 1960

60-018200

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 142

ENDED

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in 1b 14 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scotland
c. CITY OR TOWN Rutledge
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last
Nancy Ellen White

4. DATE OF DEATH Month Day Year
April 25, 1960

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3/11/1873
9. AGE (last birthday) 87
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Greensburg, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME William Pruett
13b. MOTHER'S MAIDEN NAME Martha Brackenridge
14. NAME OF HUSBAND OR WIFE James T. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Address Mrs. Carrie Corbin, Gorin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Right Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Cardio-Vascular-Renal
DUE TO (c) Disease and Bronchial Pneumonia — UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Intracapsular Fracture Left Femur

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.) Fell in Nursing Home
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 4-11-60
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.) Nursing Home
20f. CITY, TOWN, OR LOCATION Memphis COUNTY STATE Mo

21. I attended the deceased from 4-12-60, to 4-25-60 and last saw her alive on 4-25-60
Death occurred at 4:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Laughlin M.D. (Degree or title)
22b. ADDRESS Kirksville, Mo
22c. DATE SIGNED 5-5-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 29, 1960
23c. NAME OF CEMETERY OR CREMATORY Pauline Cemetery
23d. LOCATION (City, town, or county) (State) Rutledge, Missouri

24. FUNERAL DIRECTOR Gertha Baskett ADDRESS Memphis Mo
25. DATE RECD. BY LOCAL REG. 5-17-1960
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

EARL LAUGHLIN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed George Geith
Signature of Student Embalmer

Licensed Embalmer No. 5091

P. O. Address Memphis

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