

**MRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-018219**

INDEXED

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 179 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fairfax</b>	Length of stay in 1b <b>6hrs</b>	c. CITY OR TOWN <b>Tarkio</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fairfax Com Hospt</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Tarkio, Mo.</b>

3. NAME OF DECEASED (Type or print) First <b>CARRIE</b> Middle <b>A</b> Last <b>ANDREWS</b>			4. DATE OF DEATH Month <b>May</b> Day <b>9</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>5/19/1880</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>U.S</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S</b>
13a. FATHER'S NAME <b>Fred Greenley</b>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>Walls Andrews</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Fred Andrews Tarkio, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Generalized Arteriosclerosis</b>		<b>10 years</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) <b>Nephrosclerosis - Hypertension</b>		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	
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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 _____ a.m. _____ p.m. _____		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 <b>Tarkio, Mo.</b>		COUNTY	STATE

21. I attended the deceased from **May 8, 1960** to **May 9, 1960** and last saw her <sup>her</sup> ~~him~~ live on **May 9, 1960**  
Death occurred at **2:45 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <b>Edward F. Burr</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Tarkio, Mo.</b>		22c. DATE SIGNED <b>5/10/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5/11/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Tarkio, Mo.</b>	
24. FUNERAL DIRECTOR <b>Davis Funeral Home Tarkio, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 31, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Marvin H. Schaefer</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 Fruit A. Brown

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

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.