

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 14 1960

=60-018309

INDEXED

Registration District No. 032 Primary Registration District No. 4042 Registrar's No. 46

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		Length of stay in 1b Months	c. CITY OR TOWN Bloomfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Route # 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BETTIE Middle ELIZABETH Last COX			4. DATE OF DEATH Month June Day 4 Year 1960		
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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 Aug. 3, 1857	9. AGE (last birthday) 102	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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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) Bloomfield, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Lawson Proffer	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Deceased (John Cox)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Chas. Phillips, Bloomfield, Mo. R#1
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure. DUE TO (b) Acute Parotiditis DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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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
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year
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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 Bloomfield	COUNTY Stoddard	STATE Missouri
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21. I attended the deceased from 5/6/60 to 6/4/60 and last saw her ^{her} _{him} alive on 6/4/60
Death occurred at 10 5/6/60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. Myers MD	22b. ADDRESS Interwell Mo	22c. DATE SIGNED 6/7/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 6-60	23c. NAME OF CEMETERY OR CREMATORY Oakridge Cem.	23d. LOCATION (City, town, or county) (State) Stoddard co. Missouri
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24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, MO.	25. DATE RECD. BY LOCAL REG. 6/8/60	26. REGISTRAR'S SIGNATURE Mr. Buford Crader
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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
& Lulu Cooper # 3499 ~~XXXXXXXX~~
or by _____, Student Embalmer No. _____

working ~~under~~ personal supervision.

Student _____
Signature of Student Embalmer

Signed Ivan C. Cooper
4119

Licensed Embalmer No. Bloomfield

P. O. Address _____

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.