JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 24 1960

60-018819
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville
Length of stay in 1b: 12 hr
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Joseph Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Cooper
c. CITY OR TOWN: Pilot Grove
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2 miles E of P.S.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MARY Middle Last CLERKE

4. DATE OF DEATH: Month May Day 17 Year 1960

5. SEX: Fe

6. COLOR OR RACE: wh

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/14/60

9. AGE (last birthday) IF UNDER 1 YEAR: Months / Days / IF UNDER 24 HR: Hours 12 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Boonville, Mo

12. CITIZEN OF WHAT COUNTRY: U. S. a

13a. FATHER'S NAME: Norman Clerke

13b. MOTHER'S MAIDEN NAME: Mary Lee Kempf

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): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Norman Clerke Address: Pilot Grove 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): Respiratory Arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 10 min

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. ☐ 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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from 6:00 AM - 5.17.60, to 5:00 PM - 5.17.60 and last saw her/him alive on 5:00 P.M. - 5.17.60
Death occurred at 5:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Norman D. Trowbridge MD

22b. ADDRESS: Box 67 Pilot Grove Mo

22c. DATE SIGNED: 5.18.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/18/60

23c. NAME OF CEMETERY OR CREMATORY: St Joseph Ceme

23d. LOCATION (City, town, or county) (State): Pilot Grove, Mo

24. FUNERAL DIRECTOR: Hays-Painter ADDRESS: Pilot Grove, Mo

25. DATE RECD. BY LOCAL REG.: 5/18/60

26. REGISTRAR'S SIGNATURE: Hooper

(Licensed Embalmer's Statement on Reverse Side)

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 not Embalmed, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed Robert L. Cayn

Licensed Embalmer No. 206

P. O. Address Pilot Gro

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.