

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019229

FILED VS MAY 31 1960

141 Primary Registration District No. 3025 Registrar's No. 89

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Howes</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ileo</u> b. COUNTY <u>Howes</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>West Haven</u>		Length of stay in lb <u>hrs</u>		c. CITY OR TOWN <u>Providence</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Memorial Hosp.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Laura Ann</u> Middle <u>Willetta</u> Last <u></u>				4. DATE OF DEATH Month <u>5</u> Day <u>17</u> Year <u>60</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/27/78</u>	
9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>				11. BIRTHPLACE (City and state or country) <u>Linn, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Wm Willetta</u>				13b. MOTHER'S MAIDEN NAME <u>Ann Swat</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>				16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Mary Marie, St. Louis Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Obstructive jaundice</u> DUE TO (b) <u>Carcinoma of pancreas</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>6 mo</u>	
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"/> N- <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u>					
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 <u>5/17/60</u> to <u>5/17/60</u> and last saw her <u>alive</u> on <u>5/17/60</u> Death occurred at <u>3:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M. L. Fowler MD</u>				22b. ADDRESS <u>West Plains Mo.</u>		22c. DATE SIGNED <u>5/25/60</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u></u>		23b. DATE <u>5/19-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		23d. LOCATION (City, town, or county) (State) <u>West Haven Mo</u>	
24. FUNERAL DIRECTOR <u>Robert M. West Haven, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>5-27-60</u>		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 6 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. J. Roberts

Licensed Embalmer No. 343

P. O. Address West

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