

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 1 0 1960 *162*

=60-019893

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. *5595* Registrar's No. *67*

ENDED

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jefferson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rock Twp.</i>		Length of stay in 1b <i>5 DAYS</i>	c. CITY OR TOWN <i>Rock Twp.</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Rt. 1 Imperial</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Rt. 1 - IMPERIAL</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Edward David Presley</i>			4. DATE OF DEATH Month Day Year <i>6 - 2 - 1960</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-15-77</i>
9. AGE (last birthday) <i>83</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>VARIOUS</i>	11. BIRTHPLACE (City and state or country) <i>Washington Co, Mo</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>George Presley</i>	
13b. MOTHER'S MAIDEN NAME <i>Sarah Maness</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Sylvia Stapleton - Imperial - Mo</i> Address <i>Rt. 1</i>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>Coronary Occlusion</i> DUE TO (c) <i>Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>10 hrs</i> <i>10 hrs.</i> <i>10 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pneumonia</i>			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
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.) <i>-</i>	
20c. TIME OF INJURY Hour <i>6:50</i> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year <i>6-2-60</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>bed at home</i>	
20e. CITY, TOWN, OR LOCATION <i>Arnold</i>		COUNTY <i>Jeff</i>	STATE <i>Mo</i>
21. I attended the deceased from <i>1957</i> to <i>1960</i> and last saw her <i>live</i> on <i>6-1-60</i> Death occurred at <i>6:50</i> <i>P</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. H. Loman</i>		(Degree or title) <i>Do</i>	22b. ADDRESS <i>Arnold Mo</i>
22c. DATE SIGNED <i>6-2-60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>5-5-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Fletcher Fletcher</i>	23d. LOCATION (City, town, or county) (State) <i>Mo.</i>
24. FUNERAL DIRECTOR <i>J. Lee Mothershead</i>		ADDRESS <i>Desoto Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5-5-60</i>
26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 Andrew H England

Licensed Embalmer No. 474

P. O. Address Desoto, m

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