

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020587

FILED VS. JUN 1 1960

316

208

STATE FILE NUMBER

DED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCOIS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON MO. RURAL		Length of stay in lb		c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION THOMAS DELL HOME			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRANK Middle THOMAS Last HARTER				4. DATE OF DEATH Month MAY Day 24 Year 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/18/1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) STE. GENEVIEVE CO. U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME JOHN HARTER			13b. MOTHER'S MAIDEN NAME THERESA HOOG			14. NAME OF HUSBAND OR WIFE CORA B, HARTER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. -----		17. INFORMANT Address J.C.HARTER FARMINGTON MO.			
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>acute circulatory failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>45 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Coronary Thrombosis & myocardial infarction</u>					45 min	
		DUE TO (c) <u>Arteriosclerosis</u>					many years	
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		
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 _____ 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		COUNTY		STATE
21. I attended the deceased from <u>1954</u> to <u>May 24, 1960</u> and last saw her/him alive on <u>May 24, 1960</u> Death occurred at <u>2:35</u> <u>p</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>M. VanLoerd</u> (Degree or title)				22b. ADDRESS <u>Farmington MO</u>		22c. DATE SIGNED <u>5-26-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-27-1960	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL		23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON MO				
24. FUNERAL DIRECTOR ADDRESS C.H.COZEAN FARMINGTON MO.				25. DATE RECD. BY LOCAL REG. <u>May 26, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Catherine Redloff</u>		

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 _____

CA Cozean

Licensed Embalmer No. 4084

P. O. Address Farrington

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.