

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021752

FILED VS MAY 31 1960 317

Registration District No. \_\_\_\_\_ Primary Registration District No. 544 Registrar's No. 1536 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u> <u>St. Joseph Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Berkwood Mo</u> Length of stay in <u>24 hr</u>		c. CITY OR TOWN <u>Mexico</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>RFD #4</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED First <u>Elizabeth M.</u> Middle <u>INNIS</u> Last <u>INNIS</u>			4. DATE OF DEATH Month <u>5</u> Day <u>10</u> Year <u>60</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-30-86</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Audrain Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William Watts</u>		13b. MOTHER'S MAIDEN NAME <u>Abbie McFarland</u>		14. NAME OF HUSBAND OR WIFE <u>George Byars</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Bruce Byars-Mexico, Missouri</u> Address _____		

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 Anterior Myocardial Infarct 5-6 hrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-6 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DOE TO (b) <u>Arterio sclerosis Gen</u>	
	DOE TO (c) _____	

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 checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 5-9-60 to 5-10-60 and last saw her alive on 5-10-60  
Death occurred at 7:50 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Carl Erick M.D.</u> (Degree or title)		22b. ADDRESS <u>Welder Groves, Mo</u>		22c. DATE SIGNED <u>5-11-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-10-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>

24. FUNERAL DIRECTOR <u>Arnold Funeral Home-Mexico, Mo.</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>MAY 11 1960</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>
---	---	--

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

VS MAY 21 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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard J. McDonald

Licensed Embalmer No. 4825

P. O. Address Meriden, Conn.

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.