

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021979

FILED VS MAY 23 1960 322

Registration District No. _____ Primary Registration District No. 3071 Registrar's No. 26

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Saline					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		Length of stay in 1b 33 Yrs.		c. CITY OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 616 N. Leroy			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 616 N. Leroy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First PanDora Middle Lillian Last DENNIS				4. DATE OF DEATH Month May Day 15 Year 1960					
5. SEX Female	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 4-9-1881	9. AGE (last birthday) 79	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Davision Co. N. C.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Cyrus Milford Mendenhall			13b. MOTHER'S MAIDEN NAME Addie Elizabeth Hayworth			14. NAME OF HUSBAND OR WIFE Joe Dennis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Curtley Dennis Slater, 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) Acute Coronary thrombosis							INTERVAL BETWEEN ONSET AND DEATH Minutes		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery disease							7 years		
DUE TO (c) Chr. myocarditis							7 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Generalized arteriosclerosis					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.)					
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 May 1941 , to May 15, 1960 and last saw her <u>her</u> alive on May 2, 1960 Death occurred at 7:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C. A. McBurney, M.D. (Degree or title)				22b. ADDRESS Slater, Mo.				22c. DATE SIGNED 5/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 18, 1960	23c. NAME OF CEMETERY OR CREMATORY Slater		23d. LOCATION (City, town, or county) (State) Slater, Missouri.				
24. FUNERAL DIRECTOR Haines Funeral Home Slater, Mo ADDRESS				25. DATE RECD. BY LOCAL REG. May 18 - 1960		26. REGISTRAR'S SIGNATURE Mrs. Raymond Beane			

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Kaine, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, N.C.

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.