URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 27 1960

=60=022006

STATE FILE NUMBER

Registration District No. 339 Primary Registration District No. 3074 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO DELTA Comm. Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scott
c. CITY OR TOWN Sikeston Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WRENNEY Middle ANN Last NORTHERN
4. DATE OF DEATH Month 5 Day 15 Year 1960
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9/3/1888
9. AGE (last birthday) 71
IF UNDER 1 YEAR Months 8 Days 12 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (City and state or country) Lexington, Ky.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Manis
13b. MOTHER'S MAIDEN NAME Wrenney ?
14. NAME OF HUSBAND OR WIFE Will Northern
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wars or dates of service) ----------
16. SOCIAL SECURITY NO. ----------
17. INFORMANT Will Northern, Address Sikeston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Unknown — hours: Unknown
DUE TO (c) ——
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease, diabetes mellitus, Congestive heart failure, senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 2-11-60, to 5-5-60 and last saw (her) alive on 5-15-60
Death occurred at 10:25 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Thomas Phillips, M.D. (Degree or title)
22b. ADDRESS SIKESTON, Mo.
22c. DATE SIGNED 5/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/17/60
23c. NAME OF CEMETERY OR CREMATORY Armor Cemetary
23d. LOCATION (City, town, or county) (State) Bertrand, Mo.
24. FUNERAL DIRECTOR Albritton Funeral Home, ADDRESS Sikeston, Mo.
25. DATE RECD. BY LOCAL REG. 5-21-60
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Raymond L. Du

Licensed Embalmer No. 4938

P. O. Address Bernie M

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