

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

=60-022168
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 45 yrs		c. CITY OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR XXXXXX Stickler Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2010 So. First St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ZELLA Middle ETTA Last HOAG				4. DATE OF DEATH Month June Day 12 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> XXXXXX	8. DATE OF BIRTH 1/29/69	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Davis Co., Iowa		12. CITIZEN OF WHAT COUNTRY U S		
13a. FATHER'S NAME John B. Mendenhall			13b. MOTHER'S MAIDEN NAME Sasanna Fouts		14. NAME OF HUSBAND OR WIFE Samuel Andrew Hoag			
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. None	17. INFORMANT Address Frances Fickel, Kirksville, 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) Myocarditis--acute							INTERVAL BETWEEN ONSET AND DEATH 1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertension					10 years	
		DUE TO (c) Arthritis					10 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 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 June 5, 1960 to June 12, 1960 and last saw her alive on June 11, 1960 Death occurred at 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Dr. Stickler MD				22b. ADDRESS 107 E. Harrison, Kirksville, Mo.		22c. DATE SIGNED June 13 1960		
23a. BURIAL, CREMATION, REMOVAL (specify) Burial	23b. DATE 6/14/60	23c. NAME OF CEMETERY OR CREMATORY Maple Hill		23d. LOCATION (City, town, or county) Kirksville, Adair, Mo.		(State)		
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.			25. DATE RECD. BY LOCAL REG. 6-13-1960	26. REGISTRAR'S SIGNATURE Dora W. Ratliff				

MEDICAL CERTIFICATION BY **Dr. Stickler**
 BY AFFIDAVIT OF DOCUMENT

R.O. STICKLER, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Md

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