

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022197

FILED VS JUL 6 1960 4

Registration District No. _____ Primary Registration District No. 4016 Registrar's No. 194

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Atchison		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tarkio		a. STATE Missouri		b. COUNTY Atchison		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3rd and Popular		Length of stay in lb 65 yrs.		c. CITY OR TOWN Tarkio		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 3 rd. & Popular		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First ROBERT		Middle EMMETT		Last VANCE		Month Jun. Day 13 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/26/1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day labor (xxx)			10b. KIND OF BUSINESS OR INDUSTRY common labor		11. BIRTHPLACE (City and state or country) Corning, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Joseph			13b. MOTHER'S MAIDEN NAME Mary Wilson			14. NAME OF HUSBAND OR WIFE Nora Jane		
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. 488-14-7060		17. INFORMANT Paul Vance			Address Tarkio, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Cerebral Hemorrhage						1 hour		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____								
DUE 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 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 September 17, 1951 to June 13, 1960 and last saw him alive on June 13, 1960 . Death occurred at 8:20 A on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Edward G. Bure MD				22b. ADDRESS Tarkio, Mo.		22c. DATE SIGNED 6/15/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/18/60	23c. NAME OF CEMETERY OR CREMATORY Home Cemetery		23d. LOCATION (City, town, or county) (State) Tarkio Mo.			
24. FUNERAL DIRECTOR ADDRESS Davis Funeral Home Tarkio, Mo.				25. DATE RECD. BY LOCAL REG. June 30, 1960		26. REGISTRAR'S SIGNATURE Therwin H. Schaefer		

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

Frost C. Brown

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

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