

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022224

FILED VS. JUL 5 1960

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Primary Registration District No. 5036

Registrar's No. 156

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY AUDRAIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY AUDRAIN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WILSON TWP.		Length of stay in 1b 30 YRS		c. CITY OR TOWN WILSON TWP.		- Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 MI S.W. OF PARIS, MO.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. #1 CENTRALIA, MO.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HAROLD Middle N. Last LOVE				4. DATE OF DEATH Month JUNE Day 28 Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-12-1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months 6 Days 16	IF UNDER 24 HR Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEXICO REFRATORIES		10b. KIND OF BUSINESS OR INDUSTRY BRICK PLANT		11. BIRTHPLACE (City and state or country) NEB.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JOSEPH E. LOVE			13b. MOTHER'S MAIDEN NAME ELLATENA HILL			14. NAME OF HUSBAND OR WIFE NONE NEVER MARRIED		
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. 486-12-9424		17. INFORMANT Address Mrs Lillie Parter, BOWENA ROUTE CENTRALIA 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) Coronary Occlusion							INTERVAL BETWEEN ONSET AND DEATH Y.K.	
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 5:30 A Month, Day, Year 6-24-58		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 6-28-60 Paris, MO.		
21. I attended the deceased from 6-24-58 to 6-28-60 and last saw him alive on 6-25-60 Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) F. A. Barnett M.D.				22b. ADDRESS Paris, Mo.		22c. DATE SIGNED 6-28-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-30-1960	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		23d. LOCATION (City, town, or county) (State) PARIS, MO.				
24. FUNERAL DIRECTOR ADDRESS E.H. AGNEW PARIS, MO.			25. DATE RECD. BY LOCAL REG. JUNE 29-1960		26. REGISTRAR'S SIGNATURE Blanche Neely			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 19 1960
AUG 4 1960

JAN 30 1961

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 E. H. Agnew.

Licensed Embalmer No. 4000

P. O. Address Paris, 7

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.