

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022589

FILED VS JUL 7 1960 70

Registration District No. 70 Primary Registration District No. 44 Registrar's No. 44

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clark County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clark				
b. CITY (If outside corporate limits, give TOWNSHIP only) Kahoka		Length of stay in 1b		c. CITY OR TOWN Kahoka, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside/Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Leonard Dow Bridget				4. DATE OF DEATH Month Day Year 6/27/60				
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 7/9/1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Luray, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Bridget			13b. MOTHER'S MAIDEN NAME Sophia Sisson			14. NAME OF HUSBAND OR WIFE Alma Bridget		
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. 491-14-0019B		17. INFORMANT Address Mrs. Alma Bridget			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure (Cardiac tamponade) minutes DUE TO (b) Dissecting aortic aneurysm & thromboembolism unknown DUE TO (c) Arteriosclerosis 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						INTERVAL BETWEEN ONSET AND DEATH Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.	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 9-18-58 to 6-27-60 and last saw <input checked="" type="checkbox"/> live on 6-27-60 Death occurred at 6:45 p. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R. L. Willis, J.D.				22b. ADDRESS Kahoka, Mo.			22c. DATE SIGNED 7-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/29/60	23c. NAME OF CEMETERY OR CREMATORY Kahoka City Cemetery		23d. LOCATION (City, town, or county) Kahoka, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Delbert L. Shaffer Kahoka, Mo.				25. DATE RECD. BY LOCAL REG. 7-2-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

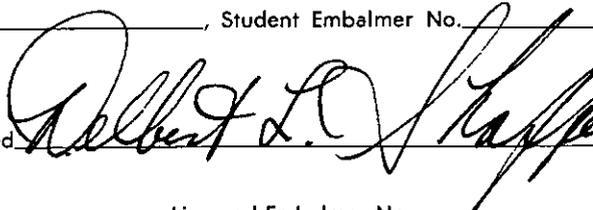
MEDICAL CERTIFICATION

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  _____

Licensed Embalmer No. _____

P. O. Address _____

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.