

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JUL 6 1960

=60-022753

DED

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Malden, Missouri</u>		Length of stay in 1b <u>3 yrs</u>		c. CITY OR TOWN <u>Malden, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence of deceased</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Hiway J. Street, Malden, Mo.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ury</u> Middle <u>O.</u> Last <u>Venable</u>				4. DATE OF DEATH Month <u>June</u> Day <u>23</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 2, 1880</u>	9. AGE (last birthday) <u>80 years</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>White County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Venable</u>			13b. MOTHER'S MAIDEN NAME <u>Maria Simpson</u>			14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>492-42-3182</u>		17. INFORMANT <u>Claude Venable</u> Address <u>Campbell, Mo. Rt. 1</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Congestion of Lungs</u> DUE TO (c) <u>Cancer of Colon</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>1 year</u>
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 <u>Sept. 29, 1959</u> and last saw her alive on <u>May 19, 1960</u> Death occurred at <u>10:15 p.m. June 23, 1960</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>F. A. McCormack D.O.</u> (Degree or title)				22b. ADDRESS <u>Box 482 Bernier, Mo.</u>		22c. DATE SIGNED <u>6-28-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 26, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>			23d. LOCATION (City, town, or county) <u>Malden, Dunklin Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>Landess Funeral Home</u> ADDRESS <u>Malden, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-1-1960</u>		26. REGISTRAR'S SIGNATURE <u>J. D. Schorman</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

11/18

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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 Richard V. Beale, Student Embalmer No. 601

working under my personal supervision.

Student Richard V. Beale
Signature of Student Embalmer

Signed Christine M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell

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.