

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

=60-022960

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 78

NDED

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bethany</u>		Length of stay in 1b <u>2 weeks</u>		c. CITY OR TOWN <u>Eagleville</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>Noll Hosp. + Clinic</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>None</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Carlton</u> Last <u>Ping</u>				4. DATE OF DEATH Month <u>June</u> Day <u>18</u> Year <u>1960</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-12-1881</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Mason</u>		11. BIRTHPLACE (City and state or country) <u>Harrison Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>				
13a. FATHER'S NAME <u>Elv Ping</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Harding</u>			14. NAME OF HUSBAND OR WIFE <u>Maggie Ping</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>488-14-8424</u>		17. INFORMANT <u>Maggie Ping, Eagleville, Mo</u> Address						
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>Hypernephroma L? Kidneyc extension and metastasis.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo?</u>			
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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>											
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>5-2-1960</u> to <u>6-18-1960</u> and last saw ^{her} him alive on <u>6/18/1960</u> Death occurred at <u>9:01 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>W. F. Boyler M.D.</u>				22b. ADDRESS <u>Bethany Mo</u>				22c. DATE SIGNED <u>Jun 19 1960</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 19, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo</u>					
24. FUNERAL DIRECTOR <u>Gerald W. Boggess</u> ADDRESS <u>Eagleville, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>June 19-1960</u>		26. REGISTRAR'S SIGNATURE <u>Ella Moxey</u>					

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 Herald W. Boggs

Licensed Embalmer No. 4762

P. O. Address Eagle Hill

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.