

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023660

STATE FILE NUMBER

FILED VS. JUN 28 1960

170

Primary Registration District No. _____ Registrar's No. 96

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Laclede		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smith Township		a. STATE Mo.		b. COUNTY Laclede	
Length of stay in 1b 1 month		c. CITY OR TOWN Stoutland		d. STREET ADDRESS (If outside, give location) 1/2 Mi. South		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 Mi. S. of Stoutland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Opal		Middle Alice		Last Francis		Month June Day 21 Year 1960	
5. SEX female	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 9-26-02	9. AGE (last birthday) 57	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Montreal, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Alva Sweatt			13b. MOTHER'S MAIDEN NAME Eliza Hanks		14. NAME OF HUSBAND OR WIFE Silas Francis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT Silas Francis, Stoutland, 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) Strangulation						INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
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 checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Choked her self with cord.			
20c. TIME OF INJURY 9:30 a.m.	Month, Day, Year 6 21 60						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home.		20f. CITY, TOWN, OR LOCATION Smith T.S.		COUNTY Laclede	STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE S. B. Pabinger			22b. ADDRESS Lebanon, Mo.			22c. DATE SIGNED 6-24-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-24-60	23c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery		23d. LOCATION (City, town, or county) (State) Stoutland Missouri		
24. FUNERAL DIRECTOR S. J. Hader			ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 6-24-1960	26. REGISTRAR'S SIGNATURE Hella L. Hays	

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 Bill M. Abbott, Student Embalmer No. PERMIT # 3

working under my personal supervision.

PERMIT
Student-

Bill M. Abbott
Signature of Student Embalmer

Signed

Gene C. Hunt

Licensed Embalmer No. 478

P. O. Address Spl. Dr.

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.