

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023672

FILED VS. JUN 17 1960 / 74

Registration District No. _____ Primary Registration District No. 3035 Registrar's No. 52

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington			Length of stay in lb 65 Years		c. CITY OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1210 South St.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1210 South St.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last RUTH THOMPSON				4. DATE OF DEATH Month Day Year May 28n 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. JURY OF BIRTH 18, 1894	
				9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days 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 Homemaking		11. BIRTHPLACE (City and state or country) Lexington, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Benjamin Nave			13b. MOTHER'S MAIDEN NAME Lula Clark		14. NAME OF HUSBAND OR WIFE Joseph Thompson		
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. None		17. INFORMANT Address Joseph Thompson Lexington, 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) <i>Coronary heart failure</i> DUE TO (b) <i>Calcium of Kidney Post Operative</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH days months
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 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 <i>Feb 18/60</i> to <i>May 28, '60</i> and last saw her alive on <i>MAY 27/60</i> Death occurred at <i>3:00 A.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.				22b. ADDRESS Lexington, Mo.		22c. DATE SIGNED 6-3-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/30/60	23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery		23d. LOCATION (City, town, or county) (State) Lexington, mo.		
24. FUNERAL DIRECTOR ADDRESS Crunk-Walker Lexington, Mo.				25. DATE RECD. BY LOCAL REG. 6-3-60		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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 45-88

P. O. Address Lepington

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.