

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023913

FILED VS JUL 11 1960

245

Primary Registration District No. 3047

Registrar's No. 69

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY NEWTON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY McDonagh			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO		Length of stay in 1b 3da	c. CITY OR TOWN JANE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION SAHE MEM. Hosp			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 checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First KATE Middle hoga Last COFFE			4. DATE OF DEATH Month 6 Day 21 Year 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-2-1884	9. AGE (last birthday) 76 IF UNDER 1 YEAR: Months 3 Days 19 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 JANE		11. BIRTHPLACE (City and state or country) Adrain Mo	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME GEO. C. Knishey		13b. MOTHER'S MAIDEN NAME LAURA SHEPARD		14. NAME OF HUSBAND OR WIFE JANE Mo		
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 OTIS COFFE Address JANE 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) CORONARY THROMBOSIS					INTERVAL BETWEEN ONSET AND DEATH ONE WEEK	
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 checked="" 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 checked="" 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 19 JUNE 1960 to 21 JUNE 60 and last saw her alive on 21 JUNE 1960 Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE [Signature] (Degree or title)			22b. ADDRESS Neosho Mo		22c. DATE SIGNED 27 June 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-25-1960	23c. NAME OF CEMETERY OR CREMATORY WHITE ROCK CEM		23d. LOCATION (City, town, or county) JANE Mo.		
24. FUNERAL DIRECTOR Thompson & Sons Home ADDRESS M. H.			25. DATE RECD. BY LOCAL REG. June 27, 1960	26. REGISTRAR'S SIGNATURE Melvin C. Brown MD per RH		

DOCUMENT

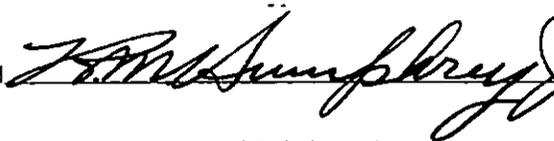
MEDICAL CERTIFICATION

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  _____

Licensed Embalmer No. _____

P. O. Address _____

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.