

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024167

FILED VS JUL 12 1960

Registration District No. 297 Primary Registration District No. 6020 Registrar's No. 84

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY RAY				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY RAY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CROOKED RIVER		Length of stay in lb 20 yrs.		c. CITY OR TOWN HARDIN - RT. 2.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME - 5 mi. N.E. Hardin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5 mi. N.E. of HARDIN.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEVINIA Middle FRANCES Last MEGONNIAH				4. DATE OF DEATH Month JULY Day 4 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 24, 1867 - 71	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse raising		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) RAY County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME ? CLEVENGER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JOHN MEGONNIAH (deceased)			
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 J. A. MEGONNIAH - HARDIN Mo. Rt. 2.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Right cerebral hemorrhage DUE TO (b) Hypertension DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 5 da Unkn - OWN
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 2:30 a.m. p.m. Month, Day, Year June 28/60	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 June 28/60 to July 3/60 and last saw the alive on July 3/1960 . Death occurred at 2:30 AM on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE R. Hamilton Steton, M.D.				22b. ADDRESS Carrollton, Missouri.		22c. DATE SIGNED July 6/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 7-6-60	23c. NAME OF CEMETERY OR CREMATORY CRAVEN CEM.		23d. LOCATION (City, town, or county) CAMDEN		STATE Mo.	
24. FUNERAL DIRECTOR KNIPSCHILD & BORCHERTING - HARDIN Mo.		ADDRESS 7-7-1960		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Malcol Jackson	

(Licensed Embalmer's Statement on Reverse Side)

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 August B. Harding

Licensed Embalmer No. 4678

P. O. Address Harding

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.