

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 16 1960

-60-025497

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		Length of stay in 1b 55 YRS.	c. CITY OR TOWN CHAFFEE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 328 W. PARKER AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 328 W. PARKER AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LARY JUANITA PRESTON			4. DATE OF DEATH Month Day Year JUNE 5, 1960			
5. SEX FEMALE	6. COLOR OF 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 FEB. 27 1980	9. AGE (last birthday) 80	IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Sullivan, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME William BROWN		13b. MOTHER'S MAIDEN NAME ? FITZWATER		14. NAME OF HUSBAND OR WIFE Edward D. PRESTON		
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. 498-34-0346	17. INFORMANT Address RODNEY T. PRESTON CAPEGIRARDEAN, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral thrombosis 1 hour.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Arteriosclerosis 10 years?	
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.
Fracture, complete right humerus		<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.) Fell in home 5/19/60	
20c. TIME OF INJURY Hour 3 a.m. Month, Day, Year 5 19 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.) Home	20f. CITY, TOWN, OR LOCATION Chaffee COUNTY Scott STATE Mo.
21. I attended the deceased from 5/19/60 to 6/5/60 and last saw her alive on 6/5/60 Death occurred at 6:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) H. N. Hehmer D.O.		22b. ADDRESS Chaffee, Missouri	22c. DATE SIGNED 6/9/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 7, 1960	23c. NAME OF CEMETERY OR CREMATORY UNION PARK CEM.	23d. LOCATION (City, town, or county) (State) CHAFFEE, MISSOURI
24. FUNERAL DIRECTOR BISPLINGHOFF ADDRESS FUNERAL HOME - CHAFFEE, Mo.	25. DATE RECD. BY LOCAL REG. June 10 - 1960	26. REGISTRAR'S SIGNATURE Mrs Fred Bieplinger	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

0961 0 8 NAF

SEP 28 1962

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

Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, M

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.