

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-025661

FILED VS AUG 9 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 238

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b		c. CITY OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION C. N. H. # 2			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 305 W. Normal		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Albert Middle R. Last Speaks				4. DATE OF DEATH Month July Day 29 , Year 1960									
5. SEX male		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 9/21/79		9. AGE (last birthday) 80		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) Coal Miner				10b. KIND OF BUSINESS OR INDUSTRY Soft Coal		11. BIRTHPLACE (City and state or country) Putnam County, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Marion Speaks				13b. MOTHER'S MAIDEN NAME Cymantha Hamilton				14. NAME OF HUSBAND OR WIFE Manda Morrow					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address Albert M. Speaks-Kirksville, 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) acute congestive heart failure DUE TO (b) chronic debilitation & cachexia DUE TO (c) arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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 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 April 18, 1960 to July 29, 1960 and last saw him alive on July 29, 1960 Death occurred at 7:05 am on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>R. O. Morrow</i> (Do not write in this space)						22b. ADDRESS R.O.N. Kirksville, Mo			22c. DATE SIGNED 7/30/60 (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/31/60		23c. NAME OF CEMETERY OR CREMATORY Rose Cemetery			23d. LOCATION (City, town, or county) Graysville, Mo.						
24. FUNERAL DIRECTOR Davis & Davis-Kirksville ADDRESS				25. DATE RECD. BY LOCAL REG. 8-5-60		26. REGISTRAR'S SIGNATURE <i>Doris W. Rathff</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J. E. MADDOX, D. O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219
P. O. Address Kirkville

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.