

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025671

FILED VS JUL 25 1960

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) Morrow Twp.		Length of stay in 1b 2 yrs.		c. CITY OR TOWN Novinger		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. NW of Novinger			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 mi. NW of Novinger			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Harlan Middle Delbert Last Embree				4. DATE OF DEATH Month July Day 11 Year 1960			
5. SEX Male	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. DATE OF BIRTH 9/4/1910	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer			10b. KIND OF BUSINESS OR INDUSTRY General farming		11. BIRTHPLACE (City and state or country) Coin, Iowa		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Jacob Embree			13b. MOTHER'S MAIDEN NAME Sarah Catherine Boyd			14. NAME OF HUSBAND OR WIFE Ivah Embree	
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. 479-18-7809		17. INFORMANT Address Mrs. Ivah Embree, Novinger, 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 Myocardial Infarction DUE TO (b) Arteriosclerotic Heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 2 hrs. Unknown 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. <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 _____ a.m. _____ p.m.	Month, Day, Year						
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 8, 1960 to July 11, 1960 and last saw ^(him) live on July 6, 1960 Death occurred at 4:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) RN Turner D.O.				22b. ADDRESS 800 W. Jefferson, Kirksville, Mo.		22c. DATE SIGNED July 14, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/13/1960	23c. NAME OF CEMETERY OR CREMATORY Morelock Cemetery		23d. LOCATION (City, town, or county) (State) Adair County, Mo.		
24. FUNERAL DIRECTOR ADDRESS Glean E. Fentler, Green City, Mo.			25. DATE RECD. BY LOCAL REG. 7-16-1960		26. REGISTRAR'S SIGNATURE Doris W. Raloff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 26 1960

R. H. TURNER, 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Karl R. Kent

Licensed Embalmer No. 4689
P. O. Address Green City

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.