# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

60-025704
STATE FILE NUMBER

ENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 160

**1. PLACE OF DEATH**
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico — Length of stay in Ib: Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Allen Nursing Home — Inside Limits: Yes [X] No [ ]

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Audrain
c. CITY OR TOWN: Mexico — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1317 N. Western — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: ORETTA Middle: REBECCA Last: HITE

**4. DATE OF DEATH** Month, Day, Year: July 2, 1960

**5. SEX:** Female
**6. COLOR OR RACE:** White
**7.** Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
**8. DATE OF BIRTH:** 11-25-1877
**9. AGE** (last birthday): 82
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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY:** At Home
**11. BIRTHPLACE** (City and state or country): California
**12. CITIZEN OF WHAT COUNTRY:** USA

**13a. FATHER'S NAME:** Thomas S. McElroy
**13b. MOTHER'S MAIDEN NAME:** Rebecca Fincher
**14. NAME OF HUSBAND OR WIFE:** Tom Hite, Dec'd

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.:** —
**17. INFORMANT:** Mr. Glen Hite, 619 S. Missouri Address, Mexico, Missouri

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic carcinoma to brain — Interval between onset and death: 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Epidermoid carcinoma of face — 3 yrs.
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. [ ] Yes [ ] No [ ] Unknown

**19.** WAS AUTOPSY PERFORMED? YES [ ] NO [X]
**20a.** ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
**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 [ ] NOT WHILE AT WORK [ ]
**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 JAN 1-57, to July 2-1960 and last saw her alive on July 1-1960
Death occurred at 5:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): R. B. Swan M.D.
**22b. ADDRESS:** Mexico, Mo
**22c. DATE SIGNED:** 7-8-60

**23a.** BURIAL, CREMATION, REMOVAL (Specify): Burial
**23b. DATE:** 7-5-60
**23c.** NAME OF CEMETERY OR CREMATORY: East Lawn Mem. Park
**23d.** LOCATION (City, town, or county) (State): Mexico, Missouri

**24. FUNERAL DIRECTOR:** Arnold Funeral Home — ADDRESS: 510 S. Wash Mexico, Mo.
**25. DATE RECD. BY LOCAL REG.:** July 5-1960
**26. REGISTRAR'S SIGNATURE:** Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Leo L. Whitlock

Licensed Embalmer No. 478

P. O. Address Mexico, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.