

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026086

FILED VS JUL 18 1960 46 Registration District No. 4066 Primary Registration District No. 29 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Caldwell		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kingston		a. STATE Missouri		b. COUNTY Caldwell	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Berry Rest Home		Length of stay in 1b 6 Months		c. CITY OR TOWN Hamilton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Zada		Middle Slope		Last Slope	
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 5/8/1873	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) 87		4. DATE OF DEATH Month July Day 10 Year 1960	
11. BIRTHPLACE (City and state or country) Missouri				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME James Wray			13b. MOTHER'S MAIDEN NAME Mary Riggins			14. NAME OF HUSBAND OR WIFE Granger Slope	
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 W. W. Wray Address Kingston, 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) Tyelo-Cystitis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 6 wks	
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 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 _____ 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 March 1 1960 to July 10, 60 and last saw her ^{her} _{him} alive on July 9, 1960 Death occurred at 1 7 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Herbert R. Booth M.D. (Degree or title)				22b. ADDRESS Hamilton Mo		22c. DATE SIGNED 7/11/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/12/1960		23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) Hamilton Mo.	
24. FUNERAL DIRECTOR Morris A. Bram ADDRESS Hamilton, Mo.				25. DATE RECD. BY LOCAL REG. 7-12-60		26. REGISTRAR'S SIGNATURE Glady's Jones	

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 Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton

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