

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026301
STATE FILE NUMBER

LED VS JUL 25 1960 No. 82 Primary Registration District No. 3017 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Boonville</i>		Length of stay in 1b <i>5 days</i>	c. CITY OR TOWN <i>Pilot Grove</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Joseph Hosp</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Pilot Grove</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>GRACE-ELIZABETH-JUDY</i>		4. DATE OF DEATH Month Day Year <i>July 19, 1960</i>	
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>NOV. 15, 1893</i>
9. AGE (at birthday) <i>66</i>		10. AGE UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	11. BIRTHPLACE (City and state or country) <i>Boonville, MO</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Miller Atkinson</i>	
13b. MOTHER'S MAIDEN NAME <i>Ellie Kneeder</i>		13c. NAME OF HUSBAND OR WIFE <i>John Judy</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <i>492-12-47293</i>	17. INFORMANT <i>Mrs. C. H. Stegner, Pilot Grove</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebro-vascular-accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio-sclerotic heart disease</i>		<i>10 yrs</i>	
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. <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 <i>7.11.60</i> to <i>7.19.60</i> and last saw her alive on <i>7.19.60</i> Death occurred at <i>5:10</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Edward J. Lubinski MD</i>		22b. ADDRESS <i>Pilot Grove, Mo.</i>	22c. DATE SIGNED <i>7.20.60</i>
23a. FUNERAL CREMATION, REMOVAL (Specify)	23b. DATE <i>July 21, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pilot Grove Ceme</i>	23d. LOCATION (City, town, or county) (State) <i>Pilot Grove, MO</i>
24. FUNERAL DIRECTOR <i>Hays - Painter, Pilot Grove, MO</i>	25. DATE RECD. BY LOCAL REG. <i>7/21/60</i>	26. REGISTRAR'S SIGNATURE <i>St. Hooper</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 13 1967

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

Robert L. Davis

Licensed Embalmer No.

4069

P. O. Address

Pilot Grove

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.