

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027363

FILED VS JUL 28 1960

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jasper County MO		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		a. STATE Okla		b. COUNTY Ottawa	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Johns Hospital		Length of stay in 1b 6-Wks		c. CITY OR TOWN Picher		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 200 SO Treece Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Dorothy Novak			4. DATE OF DEATH Month Day Year 7 5 1960				
5. SEX Female	6. COLOR OR RACE Cauc	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH II-22-87	9. AGE (last birthday) 62	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) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) North Carolina		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas H. Hill			13b. MOTHER'S MAIDEN NAME Amanda Jane King		14. NAME OF HUSBAND OR WIFE Deceased		
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 Address Dr H.C. Richey Picher, Okla			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH 2 days
IMMEDIATE CAUSE (a) Cerebral vascular accident							
DUE TO (b) Arterio sclerotic heart disease							?
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"/> N. <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 5-24-60 to 7-5-60 and last saw her him alive on 7-5-60. Death occurred at 10:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) G.H. Hunter, M.D.				22b. ADDRESS Joplin Mo		22c. DATE SIGNED 7-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-9-60	23c. NAME OF CEMETERY OR CREMATORY G.A.R.		23d. LOCATION (City, town, or country) Miami Okla		
24. FUNERAL DIRECTOR ADDRESS Hunter Funeral Home Picher Okla			25. DATE RECD. BY LOCAL REG. 7-22-1960		26. REGISTRAR'S SIGNATURE Noor Merriam		

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 Herschel Miller, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herschel Miller

Licensed Embalmer No. 1078

P. O. Address Chetopa Kan

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.