

MIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027545

FILED VS JUL 25 1960

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 91

NEED

1. PLACE OF DEATH a. COUNTY <u>LINN</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BROOKFIELD</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McLARNEY REST HOME</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN</u> c. CITY OR TOWN <u>LACLEDE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS _____ (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED First Middle Last <u>SARAH ELIZABETH GROES</u>			4. DATE OF DEATH Month Day Year <u>7-18-60</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-31-79</u>	9. AGE (last birthday) <u>80</u>	IF 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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>LACLEDE, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>JOHN DUCKWORTH</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MAXWELL</u>		14. NAME OF HUSBAND OR WIFE <u>FREDERICK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>MARIAN STILBOWER, Mo. EXCELSIOR SPRINGS</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Sentry.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>5 yrs.</u>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>7-6-60</u> to <u>7-18-60</u> and last saw her/him alive on <u>7-18-60</u> . Death occurred at <u>7-18-60</u> <u>4:03</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. W. [Signature]</u>			22b. ADDRESS <u>Brookfield, Mo.</u>		22c. DATE SIGNED <u>7/20/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-20-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LACLEDE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>LACLEDE, MISSOURI</u>		
24. FUNERAL DIRECTOR ADDRESS <u>WRIGHT'S, LACLEDE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-20-60</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>				

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield

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.