

# MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 19 1960

-60-027584  
STATE FILE NUMBER

ENDED

Registration District No. 195 Primary Registration District No. \_\_\_\_\_ Registrar's No. 59-60

<b>1. PLACE OF DEATH</b> a. COUNTY <u>McDonald</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pineville</u> Length of stay in 1b <u>25 years</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 3, Anderson, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MCDonald</u> c. CITY OR TOWN <u>Anderson</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Route 3 Anderson, Mo.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>CARRIE</u> Middle <u>M.</u> Last <u>EURIT</u>			<b>4. DATE OF DEATH</b> Month <u>July</u> Day <u>7</u> Year <u>1960</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>9-15-1875</u>	<b>9. AGE (last birthday)</b> <u>84</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Homemaking</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Jasper County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Ivan Lee Eurit</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Unknown</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> <u>Arvel Kidd Anderson, Mo.</u>		Address _____	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Terminal Natural Causes by R.M. Humphrey, Jr.,</u> <u>Coroner of McDonald Co. Mo.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____			
<b>20c. TIME OF INJURY</b> Hour _____ Minute _____ Day _____ Year _____ a.m. _____ p.m. _____		<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Name or title) <u>Mary G. Bradley Registrar Pineville, Missouri</u>				<b>22b. ADDRESS</b> _____		<b>22c. DATE SIGNED</b> <u>7-12-60</u>	
<b>23a. BURIAL, CREATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>July 9, 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Pineville</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Pineville, Mo.</u>		
<b>24. FUNERAL DIRECTOR</b> <u>Roller Funeral Home Anderson, Mo.</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>July 12, 1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Mary G. Bradley</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 W. E. Huddleston

Licensed Embalmer No. #4770

P. O. Address Joplin, Mo

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.