

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027592

FILED VS JUL 28 1960

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127

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon Hudson		Length of stay in 1b 4 yrs	c. CITY OR TOWN 206-S-MAIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hidreth Osteopathic Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Kirksville

3. NAME OF DECEASED (Type or print) First Margaret Middle E. Last Ilgenfritz			4. DATE OF DEATH Month June Day 29 Year 1960		
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 15 1894	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) osteopathic physician	10b. KIND OF BUSINESS OR INDUSTRY Clark County, Iowa	11. BIRTHPLACE (City and state or country) U.S.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Samuel O. Carlton	13b. MOTHER'S MAIDEN NAME ? Tillson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Hosp. & MARRIAGE RECORDS	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure Prolonged Recumbency Necessitated By Gangrene of Left Foot and fractured left Hip DUE TO (b) DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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 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.)
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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 Macon, Missouri	COUNTY Adair	STATE Mo.
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21. I attended the deceased from December 13, 1955 to June 29, 1960 and last saw her/him alive on June 29, 1960 Death occurred at 3:50 a. m. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Harry S. Still D.O.	22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 6-29-60
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE July 2, 1960	23c. NAME OF CEMETERY OR CREMATORY Jewellmyn Cemetery	23d. LOCATION (City, town, or county) (State) Kirksville Mo.
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24. FUNERAL DIRECTOR Davis & Davis, Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 7-9-60	26. REGISTRAR'S SIGNATURE Beth McVeeley
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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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville,

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.