

JRI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

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-60-027868

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY PIKE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Length of stay in 1b 10 DAYS	c. CITY BOWLING GREEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE Co HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 116 N COART ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GRACE BANKHEAD			4. DATE OF DEATH Month Day Year JULY 27 1960.			
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 JAN 21 1897	9. AGE (last birthday) 83.	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life even if retired) EMERALD WORKER		10b. KIND OF BUSINESS OR INDUSTRY FUNERAL FURNITURE BEDFORD Co VA.		11. BIRTHPLACE (City and state or country) U.S.A.		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME SPOTS WOOD MAJOR	13b. MOTHER'S MAIDEN NAME HARRISON ARCH BANKHEAD	14. NAME OF HUSBAND OR WIFE BOWLING GREEN MO		
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. 497-42-4434	17. INFORMANT CLEO BANKHEAD			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ascending Cholangitis & Perforated Gall Bladder @ Subdiaphragmatic Abscess. Cholelithiasis.					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 7-20-60 to 7-27-60 and last saw her alive on 7-27-60 Death occurred at 235 P on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) W. Joe Martin, MD			22b. ADDRESS Louisiana, Mo.		22c. DATE SIGNED 8-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 30-60	23c. NAME OF CEMETERY OR CREMATORY BOWLING GREEN CEM	23d. LOCATION (City, town, or county) (State) BOWLING GREEN, MO			
24. FUNERAL DIRECTOR BANKHEAD CHAPEL		ADDRESS BOWLING GREEN, MO	25. DATE RECD. BY LOCAL REG. Aug 1-1960	26. REGISTRAR'S SIGNATURE Bernice Collier		

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

JUN 1 8 1961

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 C. Kirkas

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.