

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028004

FILED VS AUG 15 1960

Registration District No. 314 Primary Registration District No. 4457 Registrar's No. 45

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osceola		Length of stay in Job 3 day per		c. CITY OR TOWN Osceola		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osceola Med. Hospital			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 checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Georgia Middle A. Last Jenkins				4. DATE OF DEATH Month August Day 3 Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/20/77	9. AGE (last birthday) 83	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) Housekeeping			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME H.W. Brown			13b. MOTHER'S MAIDEN NAME Matilda Williamson			14. NAME OF HUSBAND OR WIFE			
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 Toby Edwards, Osceola Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C.V.A. (Cerebral Vascular Accident)							INTERVAL BETWEEN ONSET AND DEATH 4 da		
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 checked="" 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 1 July 57 to 3 Aug 60 and last saw her alive on 3 Aug 60 Death occurred at 10:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE H. Kusler MD (Degree or title)				22b. ADDRESS Osceola Mo		22c. DATE SIGNED 5 Aug			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/6/60	23c. NAME OF CEMETERY OR CREMATORY Concord		23d. LOCATION (City, town, or county) Bates City Missouri		(State)			
24. FUNERAL DIRECTOR Goodrich Funeral Home, Osceola Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 8-5-60		26. REGISTRAR'S SIGNATURE Ruth Seever			

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 J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address [Signature]

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.