

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028020

FILED VS AUG 3 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 299

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>ST FRANCOIS</u>				a. STATE <u>MISSOURI</u> b. COUNTY <u>ST FRANCOIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BONNE TERRE MO</u>		Length of stay in lb <u>8 Hr.</u>		c. CITY OR TOWN <u>FARMINGTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSP.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>103 KINLEY DR.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>TAYLOR</u> Middle <u>SMITH</u> Last				Month <u>JULY</u> Day <u>27</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/6/1891</u>	9. AGE (last birthday) <u>68</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>ATTY. OF LAW</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>LAWYER</u>		11. BIRTHPLACE (City and state or country) <u>FARMINGTON MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>M.R. SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>NANNIE LEACH</u>			14. NAME OF HUSBAND OR WIFE <u>BERTHA MITCHELL</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>TAYLOR SMITH Jr. FARMINGTON MO.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Carcinomatous (adenocarcinoma).</u>						<u>4 months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Primary undetermined</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)						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 <u>3:30</u> Month, Day, Year <u>July 26, 1960</u>					
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>May 15 1960</u> to <u>July 26, 1960</u> and last saw her/him alive on <u>July 26 1960</u> . Death occurred at <u>3:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>George L. Wathen M.D.</u>				22b. ADDRESS <u>Farmington mo</u>		22c. DATE SIGNED <u>7-27-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7/28/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HILLVIEW MEMORIAL</u>		23d. LOCATION (City, town, or county) (State) <u>FARMINGTON MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>C.H. COZEAN FARMINGTON MO.</u>				DATE RECD. BY LOCAL REG. <u>July 28, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 9 1960

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.