JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-029382
STATE FILE NUMBER

.ED VS AUG 4 1960

ENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas County Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Douglas
c. CITY OR TOWN Mtn. Grove — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7 Miles So/east — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Florence Middle: Ida bell Last: Torkelson

4. DATE OF DEATH Month: July Day: 20 Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-8-1877
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: --- ---
11. BIRTHPLACE (City and state or country): Douglas County, Mo.
12. CITIZEN OF WHAT COUNTRY: USSA

13a. FATHER'S NAME: George Akin
13b. MOTHER'S MAIDEN NAME: Saphona Mankin
14. NAME OF HUSBAND OR WIFE: Andrew Torkelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: None
17. INFORMANT: A ndrew Torkelson Address: Mtn. Grove, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 10-15 yrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7/10/60, to 7/20/60 and last saw her alive on 7/20/60
Death occurred at 8:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Spears M.D. (Degree or title)
22b. ADDRESS Cabool, Mo.
22c. DATE SIGNED 7/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-24-1960
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery
23d. LOCATION (City, town, or county) (State): Mtn. Grove, Missouri

24. FUNERAL DIRECTOR: Ewell C. Craig ADDRESS: Mtn. Grove, Mo.
25. DATE REC'D. BY LOCAL REG.: 8/1/60
26. REGISTRAR'S SIGNATURE: Myrtle Craig M.S.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.