

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029497

FILED VS AUG 24 1960

Registration District No. 002 Primary Registration District No. 4009 Registrar's No. 57

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY ANDREW				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ANDREW									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAVANNAH		Length of stay in 1b		c. CITY OR TOWN SAVANNAH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 North First St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 408 North First St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First VIOLET Middle ANNIE Last NOBLE				4. DATE OF DEATH Month August Day 9 Year 1960									
5. SEX female		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-15-10		9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Hindesville, Ark.			12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME U. M. Isaac			13b. MOTHER'S MAIDEN NAME Florence Violet			14. NAME OF HUSBAND OR WIFE Calvin C. Noble							
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. 494-34-7783		17. INFORMANT Address Calvin C. Noble, Savannah, Mo.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma (origin: right breast) DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 7-16-58			
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"/> N. <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 Month, Day, Year a.m. p.m.		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 7-16-58 to 8-9-60 and last saw her alive on 8-9-60 Death occurred at 9:25 PM m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Carroll G. Young M.D.</i> (Degree or title)						22b. ADDRESS Savannah, Missouri			22c. DATE SIGNED 8-12-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-12-60		23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery			23d. LOCATION (City, town, or county) (State) Savannah, Missouri						
24. FUNERAL DIRECTOR BREIT & HAWKINS SAVANNAH				25. DATE RECD. BY LOCAL REG. 8-18-60		26. REGISTRAR'S SIGNATURE <i>William Sparks</i>							

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 James B. Hainkin

Licensed Embalmer No. 4534

P. O. Address Savannah

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