

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1960

=60-029561

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 106

ENDED --

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Barry</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Manett</b>		a. STATE <b>Mo</b>		b. COUNTY <b>Lawrence</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincents Hospital</b>		Length of stay in 1b <b>11 hrs.</b>		c. CITY OR TOWN <b>Pierce City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>208 Walnut</b>		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)				4. DATE OF DEATH			
First <b>Oliver</b>		Middle <b>Rechel</b>		Last <b>Sheets</b>		Month <b>9</b> Day <b>6</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/30/1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY #####		11. BIRTHPLACE (City and state or country) <b>Johnsonville, Illinois USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Samuel Stalter</b>		13b. MOTHER'S MAIDEN NAME <b>Melissa Gilbreath</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas Sheets</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mr. Robert Sheets RR Pierce City, Mo.</b>			
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)		<b>Arteriosclerotic heart disease</b>					<b>5 yrs?</b>
DUE TO (b)		<b>Generalized arteriosclerosis</b>					<b>?</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.
<b>1) Hemorrhage from peptic ulcer 2) carcinoma of colon</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>9-5-60</b> to <b>9-6-60</b> and last saw him live on <b>9-6-60</b>				Death occurred <b>6:20</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. E. Daniels M.D. Manett, Mo</b>		(Degree or title)		22b. ADDRESS <b>Pierce City, Mo</b>		22c. DATE SIGNED <b>9-7-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/9/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) <b>Pierce City, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Wm. J. Wessell Pierce City, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>9-10-60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. P. N. Cook</b>		

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 me  
or by me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed A Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Mount Pleasant, SC

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.