

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030185

FILED VS AUG 23 1960

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		Length of stay in 1b 12 days	c. CITY OR TOWN Albany Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Gentry County Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) west edge of Albany Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Jennie Middle Elizabeth Last Rund			4. DATE OF DEATH Month August Day 14 Year 1960		
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/25/1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Gentry Co., Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME James Falcom	13b. MOTHER'S MAIDEN NAME Nancy Steigelman	14. NAME OF HUSBAND OR WIFE Charles Frederic
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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 Miss Pauline Rund	Address Albany, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Myocarditis Cardiomegaly. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterial Sclerosis Hypertension		INTERVAL BETWEEN ONSET AND DEATH many years " "
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 checked="" 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.)
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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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Albany	COUNTY Gentry	STATE mo
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21. I attended the deceased from June 4 - 60 to 8-14-60 and last saw her/him alive on 8-14-60
Death occurred at 11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank H. Rose, M.D.	22b. ADDRESS Albany mo	22c. DATE SIGNED 8-15-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Aug 17, 1960	23c. NAME OF CEMETERY OR CREMATORY Grandview	23d. LOCATION (City, town, or county) (State) Albany, Missouri
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24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home, Albany, Mo.	25. DATE RECD. BY LOCAL REG. 8-15-60	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 24 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 ME, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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