

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030345

FILED VS SEP 12 1960

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 213 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor Mo.</u>		c. CITY OR TOWN <u>Malta Bend Mo.</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>107 East Florence St.</u>		d. STREET ADDRESS (If outside, give location) <u>Malta Bend Mo.</u>	

3. NAME OF DECEASED (Type or print) First <u>LULU</u> Middle <u>WADE</u> Last <u>PAXTON</u>			4. DATE OF DEATH Month <u>August</u> Day <u>31</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 3, 1877</u>	9. AGE (last birthday) <u>83</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Shawnee Mound Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Pete Wade</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Olis M. Kinnie Fatter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Mrs. Minnie Miller Windsor, 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>Respiratory failure</u>		<u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Central nervous system deterioration</u>	<u>2-3 wks</u>
	DUE TO (c) <u>arteriosclerosis, cerebral & generalized</u>	<u>3-4 years</u>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year <u>Aug 20</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 August 20 to August 31 and last saw her/him alive on August 31.
Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Charles R. Simmons M.D.</u> (Degree or title)		22b. ADDRESS <u>114 N. Main Windsor, Mo.</u>		22c. DATE SIGNED <u>9-2-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 2, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lamb Oak Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Windsor Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Ellis M. Huston Windsor Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 5, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Biggers</u>		

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor T

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.