

RD DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

60-030905

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 435

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b 2 mos	c. CITY OR TOWN Stanberry
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Four Pines Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 515 Alantus Ave
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Dale Middle Crickette Last Hawthorne	4. DATE OF DEATH Month Sept. Day 7 Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-29-26	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 7 Days 4	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Akron Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME David Crickette	13b. MOTHER'S MAIDEN NAME Mary Bunnery	14. NAME OF HUSBAND OR WIFE HARRY L. Hawthorne
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT Herbert Hawthorne, Independence, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 Day
DUE TO (b) Arteriosclerotic Cardio-Vas Dis.		10 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour 6:30 a.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
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21. I attended the deceased from **July 1, 1960** to **Sept 6, 1960** and last saw her alive on **Sept 4, 1960**
Death occurred at **6:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. Eshelman (Degree or title) M.D.	22b. ADDRESS 9306 E New 40 Highway Independence, Mo.	22c. DATE SIGNED 9/7/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9-7-60	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cem.	23d. LOCATION (City, town, or county) Stanberry, Mo.	(State)
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24. FUNERAL DIRECTOR Johnson Mortuary, Stanberry, Mo.	25. DATE RECD. BY LOCAL REG. 9-7-60	26. REGISTRAR'S SIGNATURE James O. ...
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Dill
Licensed Embalmer No. 453
P. O. Address KANSAS CITY

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