

JRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1 1960

=60-030986

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 414

1. PLACE OF DEATH a. COUNTY Jaaper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Okla b. COUNTY Ottawa									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jonlin		Length of stay in lb		c. CITY OR TOWN Fairland, Okla		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Mrs Cora Middle Evelyn Last Bilello				4. DATE OF DEATH Month 8 Day 10 Year 60									
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 2-23-1892		9. AGE (last birthday) 68		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		11. BIRTHPLACE (City and state or country) Ark		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Andrew Ask				13b. MOTHER'S MAIDEN NAME Martha Lewis				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address Floyd Dee McReynolds Fairland, Okla							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis										INTERVAL BETWEEN ONSET AND DEATH 3 day			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post operative shock										3 day			
DUE TO (c) Myocardial degeneration										10 yr			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Appendicitis								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					
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.)									
20c. TIME OF INJURY Hour Month, Day, Year 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 8-5-60 to 8-10-60 and last saw her/him alive on 8-10-60 Death occurred at 4pm on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. Johnson DO (Degree or title)						22b. ADDRESS Travis Bldg Joplin mo			22c. DATE SIGNED 8-15-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-14-60		23c. NAME OF CEMETERY OR CREMATORY Olympus				23d. LOCATION (City, town, or county) (State) Near Grove, Okla					
24. FUNERAL DIRECTOR Cooper Funeral Home Fairland, Okla ADDRESS				25. DATE RECD. BY LOCAL REG. 8-25-1960		26. REGISTRAR'S SIGNATURE Novie Merriam							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

U.S. 0 8 907 SA

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 was not embalmed —, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin Mo.

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.