DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031272
STATE FILE NUMBER

LED VS AUG 29 1960

Registration District No. 187 Primary Registration District No. 5693 Registrar's No. 158

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Mound Twp — Length of stay in 1b: 36 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 miles South Chillicothe — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Livingston
c. CITY OR TOWN Blue Mound Twp — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 8 miles South Chillicothe — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Zella Middle Agnes Last Cherry
4. DATE OF DEATH: Month August Day 23 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-7-93
9. AGE (last birthday): 67
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Carson, Iowa
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Theodore Brobst
13b. MOTHER'S MAIDEN NAME: Emma VanBenthuysen
14. NAME OF HUSBAND OR WIFE: Cecil N. Cherry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-44-7854
17. INFORMANT: C.N. Cherry — Address: R#2, Chillicothe

MEDICAL CERTIFICATION

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: 45 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive vascular disease — UNKNOWN
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 7, 1960, to Aug 24, 1960 and last saw her alive on Aug. 19, 1960
Death occurred at eight-ten p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William L. Tan, MD
22b. ADDRESS: Chillicothe, Mo.
22c. DATE SIGNED: 8/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-25-'60
23c. NAME OF CEMETERY OR CREMATORY: IOOF
23d. LOCATION (City, town, or county) (State): Linneus, Mo
24. FUNERAL DIRECTOR: Norman Funeral Home — ADDRESS: Chillicothe, Mo
25. DATE RECD. BY LOCAL REG.: Aug. 24, 1960
26. REGISTRAR'S SIGNATURE: Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elton Norman

Licensed Embalmer No. 403

P. O. Address Chillicothe

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