

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031279

FILED VS SEP 14 1960, 95

Registration District No. _____ Primary Registration District No. 5717 Registrar's No. 68-60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY McDonald County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain Twp.		Length of stay in 1b yrs. _____	c. CITY OR TOWN Washburn		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RILDA Middle C. Last BANKS			4. DATE OF DEATH Month August Day 18, Year 1960			
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-17-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	
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) Barry County, Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William Mahurin		13b. MOTHER'S MAIDEN NAME Ellen Rose		14. NAME OF HUSBAND OR WIFE Lott Banks		
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. unknown	17. INFORMANT Lott Banks-Washburn, Missouri Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio-sclerosis.</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH	
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		
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 _____ Month, Day, Year _____ a.m. _____ 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 <u>Aug 10 1960</u> to <u>Aug 18 1960</u> and last saw her ^{her} alive on <u>Aug 18 1960</u> Death occurred at <u>1:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Dr. Chas. P. Brown M.D.</u>			22b. ADDRESS <u>Beligman Missouri</u>		22c. DATE SIGNED <u>8-23-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-20-1960	23c. NAME OF CEMETERY OR CREMATORY Dent Cemetery	23d. LOCATION (City, town, or county) WASHBURN	23e. (State) Mo.		
24. FUNERAL DIRECTOR Culver's		ADDRESS Cassville, Mo.	25. DATE RECD. BY LOCAL REG. Aug 31, 1960	26. REGISTRAR'S SIGNATURE <u>Mary A. Bradley</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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Margaret C. Hember

Licensed Embalmer No. 4389

P. O. Address Cassville

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.