

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1960

-60-031311

Registration District No. 206

Primary Registration District No. 5748

Registrar's No. 28

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mine LaMotte		Length of stay in 1b 13 Yrs.		c. CITY OR TOWN Mine LaMotte		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mine LaMotte			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt#2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Fannie Lou Nettie McCutcheon				4. DATE OF DEATH Month 8 Day 17 Year 1960					
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/8/1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 1 Days 9		IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Perry County, Mo.		11. BIRTHPLACE (City and state or country) USA			12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jacob Conrad			13b. MOTHER'S MAIDEN NAME Delphia Loberg			14. NAME OF HUSBAND OR WIFE Willard F. McCutcheon			
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. None		17. INFORMANT Willard F. McCutcheon, Mine LaMotte,			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>Acute Myocardial Infarction.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>Yes</u>			
						DUE TO (c) <u>Generalized Arteriosclerosis.</u> <u>Yes.</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 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>June 2, 1959</u> to <u>Aug 17, '60</u> and last saw her alive on <u>May 25, 1960</u> Death occurred at <u>5:45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Charles E. Michael M</i>				22b. ADDRESS <i>Fredericktown Missouri</i>				22c. DATE SIGNED <i>Aug 19, 60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/19/60	23c. NAME OF CEMETERY OR CREMATORY Klaser Cemetery			23d. LOCATION (City, town, or county) (State) Patton, Missouri			
24. FUNERAL DIRECTOR <i>Hajim Funeral Home, Fredericktown, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>8-19-1960</i>		26. REGISTRAR'S SIGNATURE <i>Therese Hicks</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

Herbert Liley

Licensed Embalmer No. 5086

P. O. Address

Fredrick

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