

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-031765

FILED VS AUG 24 1960

Registration District No. 316 Primary Registration District No. Registrar's No. 323

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elvins, Missouri Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois c. CITY OR TOWN Elvins, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 625 Camilla St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 625 Camilla St. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 625 Camilla St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Middle Last Lucy Golden De Grant			4. DATE OF DEATH Month Day Year Aug 17, 1960		
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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 Sept 27, 1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	10b. KIND OF BUSINESS OR INDUSTRY Waitress	11. BIRTHPLACE (City and state or country) Madison County	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Dave Golden	13b. MOTHER'S MAIDEN NAME Ellen Reno	14. NAME OF HUSBAND OR WIFE Luther De Grant
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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 Address Luther De Grant Elvins, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	5 minutes
DUE TO (b)	Arteriosclerotic heart 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.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 <u>Aug 17, 1960</u> to <u>Aug 17, 1960</u> and last saw her/him alive on <u>Aug 17, 1960</u> . Death occurred at <u>8:45 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>J. L. Foster</i> (Degree or title) <i>MD</i>	22b. ADDRESS <i>Desloge, Mo.</i>	22c. DATE SIGNED <i>8-18-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-20-1960	23c. NAME OF CEMETERY OR CREMATORY Hamilton Cemetery	23d. LOCATION (City, town, or county) (State) Near Bismarck, Mo.
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24. FUNERAL DIRECTOR ADDRESS R. Caldwell & Sons Flat River, Mo	25. DATE RECD. BY LOCAL REG. Aug 19, 1960	26. REGISTRAR'S SIGNATURE <i>Ether Redloff</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 25 1960

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Va

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