

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033510

FILED VS AUG 25 1960

333

Primary Registration District No. 6115

Registrar's No. 202

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY scott	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston RFD 1	Length of stay in 1b 24 Yrs	c. CITY OR TOWN Sikeston, Missouri	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Hos. 6 Mi NW -Sikeston		d. STREET ADDRESS Route 1 6mi NW-city	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last TENNESSEE EDNA CLARY			4. DATE OF DEATH Month Day Year August 7, 1960		
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/22/1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Honaker		13b. MOTHER'S MAIDEN NAME Elizabeth-(Unknown)		14. NAME OF HUSBAND OR WIFE William T. Clary	
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 Address William T. Clary, Sikeston, Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a) Congestive Heart Failure		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	
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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.)
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
21. I attended the deceased from July 28, 1960 and last saw her August 7 and last saw him August 3, 1960 alive on August 7 . Death occurred at about 7:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Thomas Kelly	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 8/11/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-9-1960	23c. NAME OF CEMETERY OR CREMATORY Parks Cemetery
23d. LOCATION (City, town, or county) Parks, Arkansas		

24. FUNERAL DIRECTOR E. J. Minnielee ADDRESS Minnielee Funeral Chapel Sikeston, Missouri	25. DATE RECD. BY LOCAL REG. 8-19-60	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter
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(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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Sibley, 1

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.