

JRI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

60-033526

FILED VS SEP 8 1960 340

Registration District No. Primary Registration District No. 3075 Registrar's No. 72

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		Length of stay in 1b		c. CITY OR TOWN Dexter		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 317 No. Catalpa		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Henry Middle Jacob Last Souders				4. DATE OF DEATH Month Aug. Day 20, Year 1960									
5. SEX Male		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 2-20-1879		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Oak Hill, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Newton Souders				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE Edna Souders					
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. 488-42-1977		17. INFORMANT Address Mrs. Edna Souders, Dexter, 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) Advanced arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gremia DUE TO (c) Glomerulo-nephritis								INTERVAL BETWEEN ONSET AND DEATH 15 years 3 days 1960					
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 9/18/58 to 8/20/60 and last saw her alive on 8/20/60 Death occurred at 9:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W. J. Souders (Degree or title) M. D.						22b. ADDRESS Dexter, Missouri			22c. DATE SIGNED 8-22-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-22-60		23c. NAME OF CEMETERY OR CREMATORY Bloomfield		23d. LOCATION (City, town, or county) (State) Bloomfield, Missouri							
24. FUNERAL DIRECTOR Strickland-Rainey ADDRESS Dexter, Mo.				25. DATE RECD. BY LOCAL REG. 9-1-60		26. REGISTRAR'S SIGNATURE Velma V. Fenwick							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 12 1960

OCT 5 1960

OCT 9 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 Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Deater,

*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.