

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033705

FILED VS SEP 27 1960

4

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 225

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

3. NAME OF DECEASED (Type or print) First <u>Missie</u> Middle <u>Emmelina</u> Last <u>McCartney</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>20</u> Year <u>1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 22 1886</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Rock-Port mo</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>Jesse James</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>James Mc. Cartney - Rock-Port mo</u> Address		

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 <u>5 minutes</u>
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		
DUE TO (b)		
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>July 1955</u> , to <u>9-20-60</u> and last saw <u>her</u> alive on <u>9-20-60</u> Death occurred at <u>2 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.						

22a. SIGNATURE <u>Hallock Carpenter mo</u>		(Degree or title)		22b. ADDRESS <u>Rock Port mo</u>		22c. DATE SIGNED <u>9-23-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood cemetery Rock-Port mo</u>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Bestman Funeral Home - Rock-Port mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Sept 24, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Merwin H. Schaefer</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 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 EE Putnam

Licensed Embalmer No. 1764

P. O. Address: Rock Port

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