

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034141

FILED VS OCT 11 1960

STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. 411 Registrar's No. 47

ENDED

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Chariton</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brunswick</b>		Length of stay in 1b <b>1-Year</b>		c. CITY OR TOWN <b>Keytesville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Underwood Rest Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>405 North St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Cora</b> Middle <b>Coy</b> Last <b>Trindle</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>1st</b> , Year <b>1960</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widow <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 5th, 1878</b>		9. AGE (last birthday) <b>81</b>		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) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Keytesville Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Thomas Coy</b>				13b. MOTHER'S MAIDEN NAME <b>Wilma Cox</b>				14. NAME OF HUSBAND OR WIFE <b>James Trindle</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Robert Wright</b>				Address <b>Salisbury, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary heart disease 2 days</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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 _____ to _____ and last saw her/him alive on _____. Death occurred at <b>6:30 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Brouer C. Rice</b> (Degree or title)						22b. ADDRESS <b>Brunswick Mo</b>			22c. DATE SIGNED <b>6 Oct 60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 3rd, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) <b>Hardin, Mo.</b>							
24. FUNERAL DIRECTOR <b>H. D. Gault</b>				ADDRESS <b>Keytesville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 6 - 1960</b>		26. REGISTRAR'S SIGNATURE <b>Hovie Smith</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Handwritten text, possibly a name or address, written upside down.*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Libbun K. Feld

Licensed Embalmer No. 450

P. O. Address Yancey

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.

*Handwritten notes at the bottom left, including "No. 1000" and other illegible text.*

*Handwritten notes at the bottom right, including "W.R. G. ...".*