

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034218

FILED VS OCT 4 1960

77

Primary Registration District No. 3016

Registrar's No. 327

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cole									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City.		Length of stay in 1b 2 wks.		c. CITY OR TOWN Jefferson City.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 13 Hobbs Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Edward Middle Lee Last Eustes				4. DATE OF DEATH Month Sept. Day 26 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 10-5-1889		9. AGE (last birthday) 70		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) dispatcher			10b. KIND OF BUSINESS OR INDUSTRY railroad			11. BIRTHPLACE (City and state or country) Hendrickson, Mo.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Lawrence Eustes				13b. MOTHER'S MAIDEN NAME Nancy Elizabeth Chilcutt				14. NAME OF HUSBAND OR WIFE Mrs. Lucille Eustes					
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. 702-14-4193		17. INFORMANT Address Mrs. Lucille Eustes, Jefferson Ci							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Pyelonephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Uremia 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										INTERVAL BETWEEN ONSET AND DEATH 2 yrs			
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 checked="" 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 Sept 12, '60 to Sept 26 '60 and last saw him live on Sept 26, '60 Death occurred at 10: a. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Earl L. Long (Degree or title)						22b. ADDRESS Jeff. City Mo.			22c. DATE SIGNED 9-27-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-29-1960		23c. NAME OF CEMETERY OR CREMATORY Ridge Cemetery				23d. LOCATION (City, town, or county) (State) Fremont, Nebraska					
24. FUNERAL DIRECTOR Thorpe J. Gordon Jefferson City, Mo.					25. DATE RECD. BY LOCAL REG. 27 Sept. 1960		26. REGISTRAR'S SIGNATURE RP. Norris, M.D. - Richter						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 14 1960

OCT 7 1960

MAR 11 1961 SA

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.