

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035283

FILED VS SEP 20 1960

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 152

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Alba - MINERAL		Length of stay in 1b 3 yrs		c. CITY OR TOWN Alba		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -----			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) -----		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARY Middle SABISTON Last HANCOCK				4. DATE OF DEATH Month Sept Day 12 Year 1960					
5. SEX female	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 8-28-1885	9. AGE (last birthday) 75	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) housewife			10b. KIND OF BUSINESS OR INDUSTRY domestic		11. BIRTHPLACE (City and state or country) Cherokee Co, Kns.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Peter Sabiston			13b. MOTHER'S MAIDEN NAME Mary Marwick			14. NAME OF HUSBAND OR WIFE Charley B. Hancock			
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 C.B. Hancock, Box 303 Alba, 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 failure							INTERVAL BETWEEN ONSET AND DEATH 4 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) chronic myocarditis					unknown		
		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 checked="" type="checkbox"/> N: <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 9-6-58 to 9-12-60 and last saw her alive on 9-12-60				Death occurred at 5:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Glenn R. Only D.O.</i>				22b. ADDRESS Alba, Mo		22c. DATE SIGNED 9-12-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-15-60	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery			23d. LOCATION (City, town, or county) Carthage, Mo		(State)		
24. FUNERAL DIRECTOR MO KNELL MORTUARY			ADDRESS Carthage, Mo		25. DATE RECD. BY LOCAL REG. 9-15-60	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Sirtgen</i>			

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

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

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: