

FILED VS OCT 4 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-035369

Registration District No. 175 Primary Registration District No. 2036 Registrar's No. 91

S. 300

1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Aurora 0551		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hosp.		Length of stay in lb 3 Yrs.	d. STREET ADDRESS (If outside, give location) 314 W. Pleasant		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Magdolene Middle Archdale Last Archdale			4. DATE OF DEATH Month Sept. Day 24, Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 25, 1868	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 9 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cicero, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lemuel Timmons		13b. MOTHER'S MAIDEN NAME Zipporal Bishop		14. NAME OF HUSBAND OR WIFE Walter Archdale	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Carl Archdale Address Aurora, 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) Coronary Heart Failure DUE TO (b) Arteriosclerosis DUE TO (c) C.V. Disease 4221 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 2 weeks
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 7:30 a.m. Month Sept. Day 24, Year 1960					
20d. INJURY OCCURRED WHILE AT <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 Sept. 9/60 to Sept. 24/60 and last saw her alive on Sept. 24/60 . Death occurred at 7:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. D. Buchanan (Degree or title) M.D.			22b. ADDRESS Aurora, Missouri		22c. DATE SIGNED 9/26/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/26/60	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) (State) Monett, Mo.
24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo.		25. DATE RECD. BY LOCAL REG. 9-26-1960		26. REGISTRAR'S SIGNATURE Ora M. Natt	

MEDICAL CERTIFICATION

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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 *J. P. Buchanan* _____

Licensed Embalmer No. 3179
P. O. Address Monett, 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.