

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035591

FILED VS SEP 2 0 1960

248

Registration District No. *248* Primary Registration District No. *4369*

Registrar's No. *42*

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seneca		Length of stay in 1b 21 yrs	c. CITY OR TOWN Seneca		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 Emma Middle Ellen Last Rinehart			4. DATE OF DEATH Month Sept. Day 10 Year 1960			
5. SEX Fem.	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 27, 1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> IF UNDER 24 HR: Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
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) Newton Co. Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME F.M. Buzzard		13b. MOTHER'S MAIDEN NAME Anna Watson		14. NAME OF HUSBAND OR WIFE George W.		
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Gleason Hukill, Seneca, Mo. Address			
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 insufficiency DUE TO (b) arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 days 15 yrs	
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"/> 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 _____ 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 <i>1952</i> to <i>Sept 10 1960</i> last saw her alive on <i>Sept, 10 - 1960</i> Death occurred at <i>10:20 p.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>John B. Roberts D.O.</i> (Degree or title)		22b. ADDRESS <i>Seneca Mo.</i>		22c. DATE SIGNED <i>9-13-60</i>		
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE <i>9-13-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Swars Prairie Bapt. Cem.</i>	23d. LOCATION (City, town, or county) <i>Newton County, Missouri</i>			
24. FUNERAL DIRECTOR <i>W E Bellmore Seneca Mo</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>9-13-60</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Irene Russell</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 W E Bell

Licensed Embalmer No. 217

P. O. Address Jenaca

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