

# IRI: DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. SEP 21 1960

278

Primary Registration District No. 3054

Registrar's No. 116

-60-035729

STATE FILE NUMBER

NOED

1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana</b>		Length of stay in 1b		c. CITY OR TOWN <b>Louisiana</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>Pike Co. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>North 7 th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Ollie Mae Darst</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>17</b> Year <b>1960</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10/14/1889</b> 70		
9. AGE (last birthday)		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		11. BIRTHPLACE (City and state or country) <b>Andraia Co. Mo.</b>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Making</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Samuel Rhoadman</b>				13b. MOTHER'S MAIDEN NAME <b>Lillie Lambroth</b>		14. NAME OF HUSBAND OR WIFE <b>Joe Darst</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>Joe Darst Louisiana, 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 Occlusion</b> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>10 MIN.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CHOLICYSTECTOMY. AUG. 15</b>						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 checked="" type="checkbox"/> NO <input 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 <b>AUG 1 / 60</b> to <b>SEPT. 17</b> and last saw her alive on <b>SEPT. 17 60</b> Death occurred at <b>9:45</b> A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>B. L. B. B.</b> (Degree or title)				22b. ADDRESS <b>DO. Louisiana</b>		22c. DATE SIGNED <b>9-18-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept 20, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>		23d. LOCATION (City, town, or county) <b>R. F. D. Louisiana MO.</b>		
24. FUNERAL DIRECTOR <b>Sterne Funeral Home, Louisiana Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-19-60</b>		26. REGISTRAR'S SIGNATURE <b>Bernice Culver</b>		

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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.