

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037160

FILED VS. OCT 4 1960

Registration District No. 5-6 Primary Registration District No. 336 Registrar's No. 71

STATE FILE NUMBER

| | | | | | | | |
|--|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Shannon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eminence, Mo.</u> | | Length of stay in 1b | | c. CITY OR TOWN <u>Eminence</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | | 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 <u>Rosa</u> Middle <u>Belle</u> Last <u>Heathley</u> | | | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>25</u> Year <u>1960</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White n</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>11/5/1867</u> | 9. AGE (last birthday) <u>93</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Cairo, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY <u>--USA</u> | |
| 13a. FATHER'S NAME <u>George Hanley</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ella ? ?</u> | | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Bess Roush</u> | | Address <u>Eminence, Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Reduction of hernia - 50 rag secured</u> | | | | | | | |
| DUE TO (c) <u>Strangulated direct inguinal hernia</u> | | | | | | <u>24 hours</u> | |
| 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 | |
| 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 <u>Sept. 25, 1960</u> to <u>Sept. 25, 1960</u> and last saw her <u>alive</u> on <u>Sept. 25, 1960</u> Death occurred at <u>2:30 p</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>J. G. Bannin J.O.</u> (Degree or title) | | | | 22b. ADDRESS <u>Berch Tree 2 Mo</u> | | 22c. DATE SIGNED <u>9/28/60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9/27/1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Eminence, Missouri</u> | | 23e. STATE <u>Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Duncom Funeral Home Mtn. View, Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>103-60</u> | | 26. REGISTRAR'S SIGNATURE <u>Mal...</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT OF 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 Charles D. Porter

Licensed Embalmer No. 5107

P. O. Address Mt. Vernon, Va.

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