

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 7 1960

=60-037286

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 324

DED

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
Length of stay in 1b 8 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS (If outside, give location) 1109 S. Baird	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) EDWARD E. BLACK	4. DATE OF DEATH Nov. 2 1960
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5. SEX Male	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 6/2/81	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Lewistown, Montana	12. CITIZEN OF WHAT COUNTRY U S
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13a. FATHER'S NAME Benjamin Black	13b. MOTHER'S MAIDEN NAME Anna Belle Adams	14. NAME OF HUSBAND OR WIFE Ollie Black
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Ollie Black, Kirksville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY FAILURE		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
DUE TO (b) UREMIA		2 WEEKS
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS		UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHIECTASIS - PULMONARY INSUFFICIENCY	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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 Kirksville	COUNTY Adair	STATE Mo.
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21. I attended the deceased from **10-25-60** to **11-2-60** and last saw ^{her}him alive on **11-2-60**
Death occurred at **4:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edmund J. Fitzgerald	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 11-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/5/60	23c. NAME OF CEMETERY OR CREMATORY Fitzgerald	23d. LOCATION (City, town, or county) (State) Chariton, Co. Mo.
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24. FUNERAL DIRECTOR Address Foster Memorial Home, Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 11-4-1960	26. REGISTRAR'S SIGNATURE Doris W. Rathiff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 18 1960

EARL LAUGHLIN, JR., D.O.

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 Norm E. Foster
Norm E. Foster

Licensed Embalmer No. 4742

P. O. Address: Kirksville, Md

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.