

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037894

FILED VS OCT 25 1960

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Daveiss</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Daveiss</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Marion Twp.</u>		Length of stay in 1b <u>Life -</u>	c. CITY OR TOWN <u>Pattonburg</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" 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) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Matic</u> Middle <u>EVA</u> Last <u>NANCE</u>			4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>17</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</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>Aug 31 1982</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____
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 <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Siler Faulkner</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Harry - Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Charles D. Brandon</u> Address <u>Hallata, Mo.</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>Hyper-tensive Cardiovascular Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>3 yrs.</u> <u>4 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Mitral leak, Enlarged heart</u>	
		DUE TO (c) <u>Chronic nephritis, arterial sclerosis</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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 June 1 9:15 P to Oct 17 /60 and last saw ^{her} him alive on Oct 17 /60
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. H. H. H.</u> (Degree or title)	22b. ADDRESS <u>Pattonburg Mo.</u>	22c. DATE SIGNED <u>20 Oct 60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>19 October 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Civil and Christian</u>
24. FUNERAL DIRECTOR <u>H.A. Robinson - Pattonburg Mo.</u> ADDRESS _____		23d. LOCATION (City, town, or county) (State) <u>Daveiss County Missouri</u>

25. DATE RECD. BY LOCAL REG. <u>21 Oct. 1960</u>	26. REGISTRAR'S SIGNATURE <u>Wesley M. Englebert</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Harvey A. Johnson

Licensed Embalmer No. 5075

P. O. Address Pattonburg, 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.