

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038914

ED VS OCT 3 1 1960 170 179 5674 Registrar's No. 140

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lincoln									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Snow Hill Rwp.		Length of stay in lb 15 yrs		c. CITY OR TOWN Snow Hill Twp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) No Address		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Mary Middle Lorene Last Box				4. DATE OF DEATH Month October Day 19 Year 1960.									
5. SEX Female		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 7/4/81		9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (City and state or country) Lincoln Co. Mo.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME William Colbert				13b. MOTHER'S MAIDEN NAME Ellen Head				14. NAME OF HUSBAND OR WIFE William A. Box					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. 495-12-9859		17. INFORMANT Address rt #5 Keeley Locklin, Troy, Missouri.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio-sclerotic heart disease DUE TO (b) Inferiorities of age DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH? years?			
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 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 May 1950 to 10/19/60 and last saw her alive on 10/19/60 Death occurred at 2:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE H. F. Kelley (Degree or title) D.O.				22b. ADDRESS Troy, Missouri.				22c. DATE SIGNED 10/19/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/22/60		23c. NAME OF CEMETERY OR CREMATORY Old Alexandria Cem.				23d. LOCATION (City, town, or county) (State) Lincoln Co. Missouri.					
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 10-26-1960		26. REGISTRAR'S SIGNATURE Charlotte Leek							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8 AON

STATEMENT BY LICENSED EMBALMER

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

Joseph J. Mann

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.