

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-039229
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 66

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>PUTNAM</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>RURAL - GRANT Tmp</u>		a. STATE <u>MO</u>		b. COUNTY <u>PUTNAM</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LIVONIA MO</u>		Length of stay in 1b <u>1 hr</u>		c. CITY OR TOWN <u>RURAL LIBERTY Tmp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>LIVONIA-MO</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>WILLIAM</u> Middle <u>JENNINGS</u> Last <u>HENDERSON</u>				Month <u>NOV</u> Day <u>1</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>4-21-1897</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>APPANOOSE Co IA.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		Months <u>2</u> Days <u>3</u> Hours _____ Min. _____
13a. FATHER'S NAME <u>John Henderson</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Dixon</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>443-14-5899</u>		17. INFORMANT <u>GEORGE HENDERSON</u>		Address <u>Moulton IOWA</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a)		<u>Coronary occlusion</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)			
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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree <u>Chas L. Dutton</u>) <u>Chas L. Dutton</u>				22b. ADDRESS <u>Unionville Mo</u>		22c. DATE SIGNED <u>11-3-60</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		23b. DATE <u>Nov 3, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT Hill</u>		23d. LOCATION (City, town, or County) (State) <u>CINCINNATI IOWA</u>	
24. FUNERAL DIRECTOR <u>FD. HUSTON & Son</u>			ADDRESS <u>Unionville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-3-60</u>		26. REGISTRAR'S SIGNATURE <u>Marvella Dutton</u>

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 Murl E. Nustel

Licensed Embalmer No. 3304

P. O. Address Amosville

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.