

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039412

FILED VS. OCT 25 1960 311

Primary Registration District No. 4456 Registrar's No. 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City		Length of stay in 1b 4 Days		c. CITY OR TOWN Appleton City		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION Elliott Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. #3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Martha Middle Ann Last Clark				4. DATE OF DEATH Month Oct- Day 18- Year 1960				
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 25 1886	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 8 Days 18	IF UNDER 24 HR Hours 18 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Rainey, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Hon Smith			13b. MOTHER'S MAIDEN NAME JANE BRUNSON			14. NAME OF HUSBAND OR WIFE Geo. E Clark		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Geo. E. Clark, RR#3 Appleton City, Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE							INTERVAL BETWEEN ONSET AND DEATH YEARS	
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) FRACTURE RIGHT FEMORAL NECK						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) FALL AT HOME					
20c. TIME OF INJURY Hour 11:15 Month, Day, Year Oct. 1960								
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.) Home		20f. CITY, TOWN, OR LOCATION Appleton City, St. Clair, Mo.		COUNTY St. Clair STATE Mo.		
21. I attended the deceased from 14 Oct. 1960 to 18 Oct. 1960 and last saw her alive on 18 Oct. 1960 Death occurred at 11:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R. H. Braunschinger MD				22b. ADDRESS Appleton City Mo.		22c. DATE SIGNED 19 Oct. 1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct-20-1960	23c. NAME OF CEMETERY OR CREMATORY Appleton City Cemetery		23d. LOCATION (City, town, or county) (State) Appleton City Mo.			
24. FUNERAL DIRECTOR Melvin L. Janssens, Appleton City				DATE RECD. BY LOCAL REG. Oct. 20, 1960		26. REGISTRAR'S SIGNATURE Oleo Libney		

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

Michael L. Jansen

Licensed Embalmer No. 4589

P. O. Address Spokane

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.