

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040738

FILED VS NOV 14 1960

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 42

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chaffee, Mo.</u>		Length of stay in 1b <u>50 yrs.</u>		c. CITY OR TOWN <u>Chaffee</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>509 N. 3rd St Chaffee, Mo.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>509 N. 3rd St.</u>	
3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>MAY</u> Last <u>McKenzie</u>				4. DATE OF DEATH Month <u>October</u> Day <u>27</u> Year <u>1960</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>CAUC.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/11/1888</u>	
9. AGE (last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>		IF UNDER 24 HR Hours <u>7</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>GRASSY MO.</u>		11. BIRTHPLACE (City and state or country) <u>USA.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA.</u>				13a. FATHER'S NAME <u>Robert J. Mansfield</u>		13b. MOTHER'S MAIDEN NAME <u>Nance Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>W. A. McKenzie</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.				17. INFORMANT <u>W. A. McKenzie Chaffee 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>ACUTE CARDIAC DECOMPENSATION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>CORONARY ARTERIO SCLEROSIS</u>							<u>54 YRS (?)</u>
DUE TO (c) <u>CARDIO-VASCULAR RENAL DISEASE</u>							<u>54 YRS (?)</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>DIABETES MELLITIS</u>						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 type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>NATURAL</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NONE</u>			
20c. TIME OF INJURY Hour <u>NONE</u> 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.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>JUNE 1960</u> to <u>OCT. 26, 1960</u> and last saw her alive on <u>OCT. 26-1960</u> Death occurred at <u>509 N. 3rd St - 2:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. Amosbach</u> (Degree or title)				22b. ADDRESS <u>Oran, Mo.</u>		22c. DATE SIGNED <u>10-29-60</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10/30/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Union Park Cemetery Chaffee Mo.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>E. L. Stubbs Chaffee, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Oct-31-1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Fred Biggins</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

*Eugene L. Stubbs*

Licensed Embalmer No. *5912*

P. O. Address *Chaffee, N*

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.