

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040861

ED VS NOV 9 1960 372

Registration District No. Primary Registration District No. 4543 Registrar's No. 20

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WEBSTER</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SEYMOUR</b>		Length of stay in 1b		c. CITY OR TOWN <b>SEYMOUR</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>PEARL DAVIS</b>				4. DATE OF DEATH Month Day Year <b>10 - 29 - 60</b>				
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-7-1895</b>	9. AGE (last birthday) <b>65</b>	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) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>DOUGLAS Co. MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>WILLIAM HEINLEIN</b>			13b. MOTHER'S MAIDEN NAME <b>ROSY KUMMER</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs Bessie Brixey avamo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Sarcinoma of Urinary Bladder</b> DUE TO (b) <b>SARCINOMATOSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
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 <b>10/2/60</b> to <b>10/29/60</b> and last saw her <b>live</b> on <b>10/29/60</b> Death occurred at <b>6: A.m</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>J.R. Gile</b> (Degree or title) <b>A.O.</b>				22b. ADDRESS <b>Seymour</b>		22c. DATE SIGNED <b>11/2/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10-31-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SEYMOUR MASONIC CEMETERY</b>		23d. LOCATION (City, town, or county) <b>WEBSTER Co. MO.</b>		(State)	
24. FUNERAL DIRECTOR <b>Robert Bergman</b> ADDRESS <b>Seymour, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>11-5-1960</b>		26. REGISTRAR'S SIGNATURE <b>Gilbert</b>			

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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con-  
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.