

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-040873

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Worth County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Grant City</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>5 North Briggs St</u>			Length of stay in lb <u>3-months</u>		d. STREET ADDRESS <u>1120 2-West Eight</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lousia</u> Middle <u>Jane</u> Last <u>Thompson</u>				4. DATE OF DEATH <u>September-24-1960</u> Month <u>September</u> Day <u>24</u> Year <u>1960</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>August-20-1871</u>		9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>		11. BIRTHPLACE (City and state or country) <u>9 unknown</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Peters</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>Bob Thompson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> <u>none</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>May Hamilton Grant City Missouri</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>Arteriodeleratic C V Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>4221F</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture femur July 2, 60</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10yrs</u>		
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 <u>July 2, 60</u> to <u>Sept 24, 60</u> and last saw her alive on <u>Sept 23, 60</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Frank B Matteson M D</u>					22b. ADDRESS <u>Grant City, Mo</u>		22c. DATE SIGNED <u>9/27/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>September-27-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Grant City Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>John Andrews</u>			ADDRESS <u>Grant City Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>10/14/60</u>		26. REGISTRAR'S SIGNATURE <u>Bourley Kille</u>		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by John Andrews; Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Shant City, Mo

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.