

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 21 1960

60-040998

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARSAW		Length of stay in 1b 7 yrs.	c. CITY OR TOWN Warsaw
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION White Branch		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SUE Middle EDNA Last ARNOLD			4. DATE OF DEATH Month Nov Day 16 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 4, 1873	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 2 Days 12	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Benton Co, mo		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME William Basset Houser		13b. MOTHER'S MAIDEN NAME SARAH ANN Wilson		14. NAME OF HUSBAND OR WIFE deceased		

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. None	17. INFORMANT Nettie Vanwey Warsaw	Address _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE CARDIAC FAILURE		5 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CORONARY THROMBOSIS	5 MIN
	DUE TO (c) ARTERIOSCLEROSIS	15 YRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SENILITY		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	
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 WARSAW, MO.	COUNTY _____ STATE _____
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21. I attended the deceased from **DEAD ON ARRIVAL** and last saw her him alive on **DEAD ON ARRIVAL**
Death occurred at **11:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Sue S. Fally DP	(Degree or title)	22b. ADDRESS WARSAW, MO.	22c. DATE SIGNED 11-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 19, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cemetery	23d. LOCATION (City, town, or county) (State) Lincoln Benton Co, Mo
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24. FUNERAL DIRECTOR John J. Reser	ADDRESS Warsaw	25. DATE RECD. BY LOCAL REG. Nov. 18 - 1960	26. REGISTRAR'S SIGNATURE Jas. A. Logan
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(Licensed Embalmer's Statement on Reverse Side)

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

John A. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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