

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

-60-041482

FILED VS NOV 22 1960

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 9

ENDED

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

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>CARRIE</u>	Middle <u>STEWART</u>	Last	Month <u>NOV</u>	Day <u>15</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"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 18 - 1876</u>	9. AGE (last birthday) <u>84</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>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Daviess County Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME <u>Albert Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Leahelle Merrifield</u>	14. NAME OF HUSBAND OR WIFE <u>Franklin - Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Earle Stewart - Coffey, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
IMMEDIATE CAUSE (a) <u>Severe Arterio-Sclerotic</u>	DUE TO (b) <u>Heart Disease</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	
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 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.)
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 Dec. 1959 to Nov. 15, 1960 and last saw her/him alive on Nov. 14, 1960
 Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Floyd E. Nelson M.D.</u> Degree or title	22b. ADDRESS <u>Lellaten, Mo.</u>	22c. DATE SIGNED <u>11-16-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>17 Nov 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Coffey</u>	23d. LOCATION (City, town, or county) <u>Coffey Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>H. G. Johnson - Pattonburg Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-21-60</u>	26. REGISTRAR'S SIGNATURE <u>Virgie M. Engelhard</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 1960

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 Harvey A. Roberson

Licensed Embalmer No. 5075

P. O. Address Saltomebury

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.