

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041771

FILED VS DEC 12 1960

137

4218

307

STATE FILE NUMBER

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

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry	a. STATE Mo.		b. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor Mo.	Length of stay in 1b 60 days	c. CITY OR TOWN Windsor Mo.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 602 West Florence	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Marietta	Middle Baker	Last Monroe	4. DATE OF DEATH	Month Dec.	Day 4,	Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or territory) Windsor Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME James E. Baker	13b. MOTHER'S MAIDEN NAME Eva Jan Pickerill	14. NAME OF HUSBAND OR WIFE Arthur E. Monroe
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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. 032-18-4002	17. INFORMANT Arthur E. Monroe Windsor Mo.	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) Pulmonary Edema	12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Congestive Heart Failure	years
DUE TO (c) Nephritis; Uremia	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic - Senility	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
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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.)
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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	COUNTY	STATE
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21. I attended the deceased from **Oct 60** to **Dec 4-60** and last saw her/him alive on **Dec 4 1960**
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard Brock, M.D.	22b. ADDRESS 116 South main Windsor mo	22c. DATE SIGNED 12/6/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery Windsor	23d. LOCATION (City, town, or county) Windsor Mo.
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24. FUNERAL DIRECTOR Ellis M. Huston	ADDRESS Windsor Mo.	25. DATE RECD. BY LOCAL REG. Dec. 7, 1960	26. REGISTRAR'S SIGNATURE Mildred Biggers
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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ellis M. Houston

Licensed Embalmer No. 339

P. O. Address Windsor

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