

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041817

FILED VS NOV 29 1960

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 163

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Novell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Novell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brandsville</u>		Length of stay in 1b <u>mos</u>	c. CITY OR TOWN <u>Brandsville</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 <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 <u>Evered Hal</u>			4. DATE OF DEATH Month Day Year <u>11-16-60</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/20-71-89</u>	9. AGE (last birthday) <u>89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Columbia Mo USA</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Lee C. Hal</u> MOTHER'S MAIDEN NAME <u>Deborah Farmer</u>		
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		
16. SOCIAL SECURITY NO. <u>1-2-111-1111</u>		17. INFORMANT Name <u>H. Hal</u> Address <u>Brandsville Mo</u>		

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) <u>Cardiac insufficiency</u>		<u>1 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Senility</u>	-
	DUE TO (c) <u>Fall 12/3/59 in house</u>	<u>1 year</u>

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 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 checked="" 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.) <u>slipped & fell in home causing subluxation pelvis</u>
20c. TIME OF INJURY. Hour a.m. <u>2:00</u> Month, Day, Year <u>Dec 3 1959</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	20f. CITY, TOWN, OR LOCATION <u>Brandsville</u> COUNTY <u>Novell</u> STATE <u>Mo</u>
21. I attended the deceased from <u>9/18/1960</u> to <u>11/16/60</u> and last saw her <u>him</u> alive on <u>Oct 18, 1960</u> . Death occurred at <u>7:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>Virgil D. Bailey DO</u> (Degree or title)	22b. ADDRESS <u>504 Missouri Ave. Pittsburg Mo</u>	22c. DATE SIGNED <u>11/26/60</u>
23a. BIRTH, CREMATION, REMOVAL (Specify)	23b. DATE <u>11/10/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oregon</u>
23d. LOCATION (City, town, or county)	23e. NAME OF REGISTRAR <u>Stewart</u>	
FUNERAL DIRECTOR <u>Robertson</u> ADDRESS <u>West Plains</u>	25. DATE RECD. BY LOCAL REG. <u>11-25-60</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

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 *D. A. Labadie*

Licensed Embalmer No. 343

P. O. Address *Leicester*

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.