

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042567

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Registration District No. 160 Primary Registration District No. 559V Registrar's No. 15V

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFFERSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim		Length of stay in 1b 10 weeks		c. CITY OR TOWN Crystal City, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MT. View Nursing Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Buck Knob		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED First Middle Last Manda Ellen Hughey				4. DATE OF DEATH Month Day Year 11/22/60					
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 Dec. 13, 1888		9. AGE (last birthday) 71	
IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Cross Town MO.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Theodore Hager			13b. MOTHER'S MAIDEN NAME Mary Eddelman			14. NAME OF HUSBAND OR WIFE <i>Mary Catherine Bell</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. none			17. INFORMANT Address <i>Mary Catherine Bell</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis								INTERVAL BETWEEN ONSET AND DEATH Few Min. only	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								DUE TO (b) _____ 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 checked="" 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 <u>1-31-51</u> to <u>11-22-60</u> and last saw her alive on <u>11-22-60</u> Death occurred at <u>2:00 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>R.D. Small, M.D.</i>				22b. ADDRESS Crystal City, Mo.			22c. DATE SIGNED 11-23-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/25/60		23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial		23d. LOCATION (City, town, or county) (State) Crystal City, MO.			
24. FUNERAL DIRECTOR ADDRESS GENTRY R. POLITTE CRYSTAL CITY, MO.				25. DATE RECD. BY LOCAL REG. 11-25-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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 *Henry J. Tom*

Licensed Embalmer No. 348

P. O. Address *Croydon*

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.