

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042590

FILED ⁵⁶⁰⁹ ~~4256~~ NOV 22 1960 67

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 49

INDEXED

1. PLACE OF DEATH a. COUNTY Johnson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Quick City Length of stay in 1b 28 yrs. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Quick City, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Johnson c. CITY OR TOWN Quick City, Mo. 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 Jasper Middle Alvin Last Day			4. DATE OF DEATH Month November Day 10 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-24-1874	9. AGE (last birthday) 85 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Education		11. BIRTHPLACE (City and state or country) Georgetown, Ohio			
12. CITIZEN OF WHAT COUNTRY USA.		13a. FATHER'S NAME Victor Clinton Day		13b. MOTHER'S MAIDEN NAME Unknown.			
14. NAME OF HUSBAND OR WIFE none.		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 Address Stella Evans, Quick City, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Endocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 5 MINS. 2 yrs			
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 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			
20g. STATE		21. I attended the deceased from 9-20-58 to 11-10-60 and last saw ^{her} him alive on 11-5-60 Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Jasper M. Holmberg</i> (Degree or title)			22b. ADDRESS <i>Holden MO</i>		22c. DATE SIGNED <i>11-11-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-12-1960	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		23d. LOCATION (City, town, or county) (State) Warrensburg, Mo.		
24. FUNERAL DIRECTOR ADDRESS E B CAST HOLDEN MO		25. DATE RECD. BY LOCAL REG. 11-18-60	26. REGISTRAR'S SIGNATURE <i>Mrs A.D. Redford.</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 by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *E. B. Cook*

Licensed Embalmer No. 4059
P. O. Address Holden, Va.

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.