

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042596

FILED VS DEC 12 1960

169

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 42

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN No. of Hurdland			Length of stay in 1b 8 mo		c. CITY OR TOWN Hurdland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. of Mrs. Slocum			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 LUCINDA Middle FRANCES Last MILLER				4. DATE OF DEATH Month Nov Day 30 Year 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9 Aug 1882	9. AGE (last birthday) 78	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) homekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Scirclesville, Ind	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Fletcher Scott			13b. MOTHER'S MAIDEN NAME Permelia Merrill			14. NAME OF HUSBAND OR WIFE Wm. S. Miller	
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.		17. INFORMANT Address Mrs. Cordie Slocum Hurdland, 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) Uremia							INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Arteriolar Nephrosclerosis							
DUE TO (c) Arteriosclerosis							
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	STATE
21. I attended the deceased from 1950 to Nov. 30, 1960 and last saw her alive on 11/29/60 Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. Slocum</i> (Degree or title) D.O.				22b. ADDRESS Edina, Mo.		22c. DATE SIGNED 12/31/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3 Dec '60	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) Hurdland, Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS HUDSON-RIMER FUNERAL HOME Edina, Mo			25. DATE RECD. BY LOCAL REG. Dec-5-1960	26. REGISTRAR'S SIGNATURE <i>W. S. Miller</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 Jim Primer, Student Embalmer No. 61
working under my personal supervision.

Student James W Primer
Signature of Student Embalmer

Signed JWR

Licensed Embalmer No. 504

P. O. Address Edina

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.