

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-042835

LED VS NOV 18 1960

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>MILLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>MILLER</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ELDON</b>		Length of stay in 1b <b>77 YRS</b>		c. CITY OR TOWN <b>ELDON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1102-So-Chestnut</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1102-So-Chestnut</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>John-Thomas-Pope</b>				4. DATE OF DEATH Month Day Year <b>Nov. 11 1960</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>14 May 1883 - 87</b>		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Gen-Farming</b>		11. BIRTHPLACE (City and state of country) <b>Yellville-ARK.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. FATHER'S NAME <b>Richard-Pope</b>			13b. MOTHER'S MAIDEN NAME <b>SARRAH-ALLEN</b>			14. NAME OF HUSBAND OR WIFE <b>Disley-Ahart</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No NONE</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>EDNA-TYLER-CHIMAS-SPRINGS-MO</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS</b>								INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>	
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 type="checkbox"/> N. <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.) <b>NONE</b>					
20c. TIME OF INJURY Hour a.m. p.m. <b>NONE</b>		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.) <b>NONE</b>		20f. CITY, TOWN, OR LOCATION <b>NONE</b>		COUNTY		STATE	
21. I attended the deceased from <b>11-7-1960</b> to <b>11-11-1960</b> and last saw <sup>her</sup> him alive on <b>11-11-1960</b> Death occurred at <b>3:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>L.S. Humphreys</b> (Degree or title)				22b. ADDRESS <b>Tuscumbia - Mo</b>				22c. DATE SIGNED <b>12-Nov-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>13 Nov 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Dooley</b>		23d. LOCATION (City, town, or county) <b>MILLER CO - MO</b>		(State)	
24. FUNERAL DIRECTOR <b>Keith M Kaye</b> ADDRESS <b>ELDON-MO</b>				25. DATE RECD. BY LOCAL REG. <b>Nov. 12, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Adriennea Waltz</b>			

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

*Keith M. Kaye*

Licensed Embalmer No. 3998

P. O. Address Eldon

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