

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045189

FILED VS. JAN 9 1961 042

Primary Registration District No. 1000

Registrar's No. 1362

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Plette					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Mo.		Length of stay in 1b 4 days		c. CITY OR TOWN Dearborn		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1 Green TWP		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Merthe Middle Ann Last Golden				4. DATE OF DEATH Month Dec. Day 27 Year 1960					
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 Sept 23 '88		9. AGE (last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Housewife			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Dearborn, Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Butts			13b. MOTHER'S MAIDEN NAME Annie Pumphry			14. NAME OF HUSBAND OR WIFE			
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 George Golden, Dearborn, Mo.			Address	
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 occlusion							INTERVAL BETWEEN ONSET AND DEATH unk		
DUE TO (b) Arteriosclerotic Heart Disease							unk		
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mucus Cyst on her back							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 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 Aug 14 59 to Dec 27, 1960 Death occurred at 3:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.				I first saw her/him alive on Dec 27, 1960					
22. SIGNATURE (Degree or title) Martin H. Christman			22b. ADDRESS 6106 King Hill ave			22c. DATE SIGNED Jan 4, 1961			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 29, 1960		23c. NAME OF CEMETERY OR CREMATORY Davis Chapel Cem.		23d. LOCATION (City, town, or county) (State) Dearborn, Missouri			
24. FUNERAL DIRECTOR Vaughn & Aufreng, Dearborn, Mo.			25. DATE RECD. BY LOCAL REG. Jan. 5, 1961		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell				

DOCUMENT

MEDICAL CERTIFICATION
M.H. Christman, M.D.

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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 202

P. O. Address Levington

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.