

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## -60-045311

FILED VS JAN 8 1961

46

Primary Registration District No. 4066 Registrar's No. 67

STATE FILE NUMBER

|   |  |   |   |   |   |  |
|---|--|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Caldwell</b>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Caldwell</b> |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kingston</b>  |  | Length of stay in 1b  | c. CITY OR TOWN <b>Kingston</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Berry Rest Home</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Nancy</b> Middle <b>Ellen</b> Last <b>Early</b>   |  |   | 4. DATE OF DEATH<br>Month <b>12</b> Day <b>11</b> Year <b>1960</b>  |   |   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12-5-1877</b>  | 9. AGE (last birthday)<br><b>83</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Mo. Ray County</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>David Russell</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Lucretia Paugh</b>  |   | 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)  |  | 16. SOCIAL SECURITY NO.<br><b>←</b>   | 17. INFORMANT Address<br><b>Mrs L.L. Henricks. Kingston, Mo.</b>  |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>arteriosclerotic C.V. disease</b>  |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 years</b>                                   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour _____ a.m. _____ p.m.<br>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<br><b>Kingston Caldwell Mo.</b>   |   |  |
| 21. I attended the deceased from <b>January 1956</b> to <b>12-11-60</b> and last saw her <b>him</b> alive on <b>12-11-60</b><br>Death occurred at <b>2:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Frank R. Daley, M.D.</b>   |  |   | 22b. ADDRESS<br><b>Hamilton, Mo.</b>  |   | 22c. DATE SIGNED<br><b>12-12-60</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>12-13-1960</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Kingston Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Kingston, Mo.</b>   |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Cramer Clark Kingston, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>12-24-60</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Lady's Jones</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

~~XXXX~~ \_\_\_\_\_ Student Embalmer No. ~~XXXXXXX~~

~~XXXXXX~~

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, Mo.

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.