

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045615

FILED VS. DEC 21 1960 104

Primary Registration District No. 4176 Registrar's No. 38

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) MALDEN		Length of stay in 1b 50 Yrs.		c. CITY OR TOWN MALDEN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 511 S. MADISON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 511 S. MADISON		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) BERTHA ALEXANDER				4. DATE OF DEATH Month DEC. Day 8 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 10-30-77	9. AGE (last birthday) 83	10. UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		11. UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) UING, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ROBERT MCCARVER		13b. MOTHER'S MAIDEN NAME EMILY WEBB		14. NAME OF HUSBAND OR WIFE JAMES ALEXANDER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address JAMES ALEXANDER MALDEN, M			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hem aneurysm.						INTERVAL BETWEEN ONSET AND DEATH 9 days	
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"/> 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 11-30-60 to 12-8-60 and last saw ^{her} _{him} alive on 12-8-60 Death occurred at 3:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Thom Cream (Degree or title) MO.				22b. ADDRESS Malden, Mo.		22c. DATE SIGNED 12-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-11-60		23c. NAME OF CEMETERY OR CREMATORY PARK		23d. LOCATION (City, town, or county) MALDEN, MO. (State)	
24. FUNERAL DIRECTOR ADDRESS DAY & KNIGHT F. H., MALDEN, MO.				25. DATE RECD. BY LOCAL REG. 12-14-1960		26. REGISTRAR'S SIGNATURE J. J. Schuman	

(Licensed Embalmer's Statement on Reverse Side)

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

J. J. Schauer
Licensed Embalmer No. 408
P. O. Address Medell

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.