

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

C 27 1960

-60-045822

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 319

IDED

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>				Length of stay in 1b <u>2 days</u>		c. CITY OR TOWN <u>Clinton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Galley Rest Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>216 W Jefferson</u>	
3. NAME OF DECEASED (Type or print) First <u>VIRGINIA</u> Middle <u>-</u> Last <u>BIGGS</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>22</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/21/1895</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>	IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Nashville Tenn</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Ferd Kitchens</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Margaret Mayfield</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO <u>no</u>			17. INFORMANT <u>Mrs Paul Williamson</u> Address <u>Clinton Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>aspiration from vomiting</u>							INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
DUE TO (b) <u>Partial duodenal obstruction</u>							<u>16 months</u>
DUE TO (c) <u>Duodenal ulcer</u>							<u>4 years</u>
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 checked="" 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 <u>-</u> a.m. <u>-</u> p.m. <u>-</u> Month, Day, Year <u>-</u>							
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 <u>9-30-60</u> to <u>12-22-60</u> and last saw her alive on <u>12-21-60</u> Death occurred at <u>5:45</u> P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deed or title) <u>Percy A. McFadden M.D.</u>				22b. ADDRESS <u>114 W. Jefferson</u>		22c. DATE SIGNED <u>12-23-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/26/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Farmington</u>		23d. LOCATION (City, town, or county) <u>Farmington Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>F.L. Schaberg</u> Address <u>Clinton Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 23, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Waldied Bigane</u>	

(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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed F. L. Schabert

Licensed Embalmer No. 451

P. O. Address Clinton

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.