

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045831

FILED VS DEC 19 1960

137

4218

314

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Length of stay in 1b 6 weeks		c. CITY OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 105 S. Commercial			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Gertrude A. Middle _____ Last Convers				4. DATE OF DEATH Month December Day 13 Year 1960			
5. SEX Male	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 1-21-1881	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Green Ridge, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Nellons			13b. MOTHER'S MAIDEN NAME Annie Buckner		14. NAME OF HUSBAND OR WIFE Lon Lewis Convers		
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 Mrs. Raymond Witt Windsor, 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) Circulatory Collapse						INTERVAL BETWEEN ONSET AND DEATH 3 days	
DUE TO (b) Cardiac Cirrhosis of Liver						6 wks	
DUE TO (c) Congestive Heart Failure						18 mos	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease						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 _____ 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 mond 19, 1957 to 13 Dec 1960 and last saw her alive on 13 Dec 1960 Death occurred at 9:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE William Smith M.D. (Degree or title)				22b. ADDRESS Windsor, Mo.		22c. DATE SIGNED 12/4/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-15-60	23c. NAME OF CEMETERY OR CREMATORY Green Ridge Cemetery		23d. LOCATION (City, town, or county) Green Ridge, Mo.		(State)	
24. FUNERAL DIRECTOR Clifford Gouge Windsor, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. Dec 12, 1960	26. REGISTRAR'S SIGNATURE Willeded Bigum		

(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

Clifford Houge

Licensed Embalmer No. 5014

P. O. Address Windsor, i

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.