

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045848

FILED VS. JAN 9 1961

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 190

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Howeys</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Length of stay in lb <u>9 mo's</u>		c. CITY OR TOWN <u>Green Bridges</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Long Rest Home</u>		Inside Limits Yes ☐ No ☐		d. STREET ADDRESS <u>✓</u>		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Susan A.</u> Middle <u>G.</u> Last <u>Gaylor</u>				4. DATE OF DEATH Month <u>12</u> Day <u>18</u> Year <u>60</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>1-11-1893</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and state or country) <u>Howeys Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>C. Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Dean Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>✓</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>C. Collins, West Plains Mo</u> Address <u>✓</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>Chronic nephritis</u> 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) <u>Arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☒		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>2/8/60</u> to <u>12/18/60</u> and last saw her on <u>12/2/60</u> Death occurred at <u>3:30 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. Collins M.D.</u> (Degree or title)				22b. ADDRESS <u>West Plains, Missouri</u>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVA (Specify)		23b. DATE <u>12/20-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Bridges Mo</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Robertson West Plains Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-5-61</u>		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</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 by _____
or by _____; Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. J. Roberts

Licensed Embalmer No.

3432

P. O. Address

West 1st

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.