URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 6 1961

-60-045875

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 1

NDED

1. PLACE OF DEATH a. COUNTY: Iron

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Iron

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural-Arcadia — Length of stay in 1b: 8mo.24da

c. CITY OR TOWN: Rural-Arcadia — Inside Limits: Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): The Home for Aged Baptists — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): 1½mi.E.on Hwy.72 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Isia Middle Carlyle Last

4. DATE OF DEATH: Month Dec. Day 27, Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8/7/1877

9. AGE (last birthday): 83

IF UNDER 1 YEAR: Months 4 Days 20 — 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: own home

11. BIRTHPLACE (City and state or country): Clinton, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: William Gaffin

13b. MOTHER'S MAIDEN NAME: Elizabeth Davis

14. NAME OF HUSBAND OR WIFE: George Carlyle

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 Address: Dolores Weiss, Ironton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 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): Cerebral thrombosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 April 3,1960/ to Dec. 27,1960 and last saw her/him alive on 12-26-60

Death occurred at 12:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin C. Menne MD

22b. ADDRESS: Ironton, Missouri

22c. DATE SIGNED: 12-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 12-31-60

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county) (State): Lexington, Mo.

24. FUNERAL DIRECTOR ADDRESS: White Funeral Home, Ironton Mo. Ancel J. White

25. DATE RECD. BY LOCAL REG.: 12-28-60

26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

JAN 6 1961

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_____ Signed Max N. White

Signature of Student Embalmer

Licensed Embalmer No. 5077

P. O. Address Scranton, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.